



County Borough of Derby.

ANNUAL REPORTS

OF THE

MEDICAL OFFICER OF HEALTH

AND

CHIEF SCHOOL MEDICAL OFFICER

FOR THE

YEAR 1934,

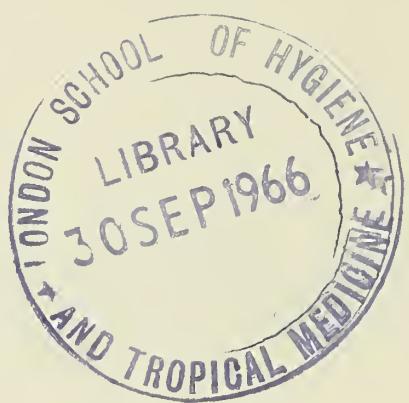
BY

GORDON LILICO, M.B., Ch.B., D.P.H.

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STAFF.

GORDON LILICO, M.B., Ch.B., D.P.H.,

Medical Officer of Health, Medical Officer to the Education and Public Assistance Committees.

WILLIAM E. HAIGH, F.R.C.S., L.R.C.P., D.T.M., D.P.H.,

Assistant Medical Officer.

HARRY J. MORGAN, R.S.I., Chief Sanitary Inspector.

FREDERICK HANSON, R.S.I., Meat Certificate, Assistant Chief Sanitary Inspector.

C. CLARKE, R.S.I., Meat Certificate ; P. H. SHARDLOW, R.S.I. ; A. C. W. LYON, R.S.I. Housing Inspectors.

S. PRIME, R.S.I., Meat Certificate ; (b) B. E. C. COLE, R.S.I., Meat Certificate ; R. W. NORMAN, R.S.I., District Inspectors.

E G. HARDY, R.S.I. ; M. HOLGATE, R.S.I. Special Inspectors.

E. WALLS, Certified Midwife, M.C.W., R.S.I., and Nursing Certificates, Infectious Diseases Nurse.

W. BAGSHAW, Administrative Officer ; J. E. STAMP, W. T. PRITCHARD, R. E. GOODALL, H. THURMAN, G. HARRISON, W. E. GREEN, H. H. CRINAGE, J. BAKER, E. CHOLERTON, F. T. KEY, J. H. HUNT, R. ROSE, C. H. SARGENT, C. N. WITHINSHAW, J. T. SHAW, B. MOORHOUSE, A. WENN, Miss K. WHITTAKER, Clerks in the Health Department.
Drivers 3, Disinfectors, Orderlies, etc., 3.

W. BAGSHAW, Vaccination Officer.

***JAMES McCLEMONT, M.R.C.V.S., Veterinary Surgeon (Health and Markets Committees).**

***R. W. SUTTON, B.Sc., F.I.C., Public Analyst.**

***G. E. POOL, F.I.C., Sewage Works Analyst.**

W. C. HANSON, Sewage Works Laboratory Assistant.

ANNIE R. MCKAIL, M.B., Ch.B., D.P.H., Maternity and Child Welfare Medical Officer, Superintendent of Midwives.

(b) R. CROSS, (b) E. M. GARDINER, (b) S. TAYLOR, (b) M. E. FORD, (a) W. MILES, (a) M. C. UFF, (a) E. G. SHIPTON, (a) A. PETERSEN, (a) M. SOUTHERDEN, Health Visitors ; DORA SANTY, M. ETHEL WILLIAMSON, EDNA BRIGGS, MAVIS RICHARDS, Clerks.

(Qualifications of those marked (a) Certified Midwife, H.V., and Nursing Certificates ; (b) Certified Midwife and Nursing Certificates).

*C. D. LOCHRANE, M.D., Ch.B., F.R.C.S. (Ed.), F.C.O.G.

*N. LLEWELLYN EDWARDS, M.B., Ch.B., F.R.C.S., L.R.C.P., M.C.O.G. Consultants for Puerperal Fever and Puerperal Pyrexia cases.

W. H. WRAY, L.R.C.P., L.R.C.S., L.R.F.P.S., Tuberculosis Medical Officer and Deputy Medical Officer of Health.

C. PARRINGTON, Certified Midwife, and Nursing Certificates ; D. M. BICKERS, Certified Midwife, Tuberculosis Association and Housekeeping Certificates ; Tuberculosis Nurses.

E. MORETON, F. WILDING, D. N. MOORE, Clerks.

ALEXANDER MORRISON, L.R.C.P. & S.(Ed.), L.R.F.P.S. (Glas.), School Medical Officer.

MARY KENT, M.B., Ch.B. (Manchester).
Assistant School Medical Officer.

*C. H. BAMFORD, M.B., Ch.B. (Manchester), D.O.M.S.
School Oculist.

ARTHUR STAFFORD, L.D.S., R.C.S.(Eng.), School Dental Surgeon.

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Assistant School Dental Surgeons.

*R. L. FLETT, M.D., Ch.B.(N.Z), F.R.C.S.(Eng.), School Aurist.

*ALAN R. LAURIE, M.B., Ch.B. (Ed.), D.M.R.E.(Camb.), Skin and Ultra-Violet Ray Specialist.

*J. R. RATCLIFFE, M.R.C.S., F.R.C.S. (Eng.), L.R.C.P. (Lond.), Orthopædic Specialist.

(d) G. E. GLADSTONE, (b) H. HOLLIES, (c) E. M. BELCHEM, (b) M. GOODING, (d) E. K. GLEDHILL, (a) W. BROWN, (d) L. L. W. COTTON, (e) A. M. PHILLIPS, School Nurses.

(Qualifications of those marked (a) Certified Midwife, Children's Nursing Certificates, General Training Certificates ; (b) Certified Midwife and General Training Certificates ; (c) Children's Training and H.V.'s Certificates ; (d) General Training Certificates ; (e) Certificates for Orthopædic Nursing, Massage and Medical Gymnastics, and Medical Electricity.)

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P. SMITH, Clerk.

Lodge Keeper, Joiner, Engineer, and Gardeners, etc.

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D. E. SANDS, M.R.C.P. (Edin.) L.R.C.S. (Edin.), L.R.F.P.S. (Glas), Assistant Medical Officer.

P. BLENKHARN, Certified Midwife, Nursing Certificates, Matron ; W. WEBSTER, Certified Midwife, Housekeeping Certificates, Assistant Matron and Sister Tutor ; Home Sister, Sisters (12), Nurses (64), Sub-Probationers (14), Messengers (2), Servants (42).

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- *†H. BARBER, M.D., B.S., F.R.C.P., M.R.C.S., Physician.
- *†N. L. EDWARDS, M.B., Ch.B., F.R.C.S., L.R.C.P., M.C.O.G., Gynæcologist.
- *†R. L. FLETT, M.D., Ch.B., F.R.C.S., L.R.C.P., Ear, Nose and Throat Surgeon.
- * A. R. LAURIE, M.B., Ch.B. (Ed.), D.M.R.E. (Camb.), Radiologist.
- *†C. D. LOCHRANE, M.D., Ch.B., F.R.C.S. (Ed.), F.C.O.G., Gynæcologist.
- * D. MACFARLANE, M.B., Ch.B., Anæsthetist.
- *†W. G. ROSE, M.B., B.S., F.R.C.S., L.R.C.P., Surgeon.
- * K. HEUGHAN, L.D.S., Dental Surgeon.
- * H. R. MORGAN RICHARDS, M.B., Ch.B., Venereal Disease Medical Officer (employed by Derbyshire Royal Infirmary).

DISTRICT MEDICAL OFFICERS UNDER THE POOR LAW ACTS.

- *LUCY M. ELSOM, M.R.C.S., L.R.C.P. (No. 1 District).
- *J. W. KING, M.B., B.S. (No. 2 District).
- *P. J. HONAN, M.B., B.Ch., B.A.O. (Belfast), (No. 3 District).
- *P. G. LEEMAN, M.B., B.Ch. (No. 4 District).
- *G. A. RUSSELL, M.R.C.S., L.R.C.P. (No. 5 District).
- *C. F. DRUITT, M.R.C.S., L.R.C.P. (No. 6 District).

PUBLIC VACCINATORS.

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- *J. W. KING, M.B., B.S. (Nos. 2 and 3 Districts).
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- *G. A. RUSSELL, M.R.C.S., L.R.C.P. (No. 5 District).
- *C. F. DRUITT, M.R.C.S., L.R.C.P. (No. 6 District).

* Part-time Officers.

† City Hospital, Borough Isolation Hospital and Sanatorium.

‡ Part-time Isolation Hospital, M. and C.W., and Schools.

Dr. P. T. Merlin terminated his duties on 10th November, 1934.

PUBLIC HEALTH DEPARTMENT,
1, DERWENT STREET,
DERBY,

June, 1935.

TO THE CHAIRMAN AND MEMBERS OF THE HEALTH
AND EDUCATION COMMITTEES.

LADIES AND GENTLEMEN,

I have the honour to present to you my Annual Report on the health of the inhabitants of the Borough, together with the work done by the various medical departments under your control. This is an 'ordinary' report—as distinguished from a 'survey' report, which covers a five-yearly period—and, consequently, details of established schemes are omitted.

		1933	1934
Population	...	142,000	140,986
Marriage Rate	...	17.3	17.9
Birth Rate	...	13.7	14.9
Death Rate	...	12.1	10.9 | low
Infant Mortality	...	63.9	56.3 | records.

Vital Statistics.

The Registrar General has estimated that the population of the town has been reduced by a thousand during the last year. This is not due to the birth or death rates being abnormal, but rather to the fact that a certain number of people are migrating southwards and a larger number are living on the newly-opened areas just outside the town. Although we are credited with this reduction in population of a thousand, it is interesting to note that the number of inhabited houses has *increased* by nearly the same figure. This clearly shows that the people of the town are giving themselves a little more elbow room in their houses, which is all to the good.

To my mind, one of the noticeable signs of better trade in a town is an increase in the number of marriages. Much has been said—and more has been written—about the irresponsibility of the rising generation to the sterner things of life. Such insincerity is more apparent than real, and is only a veneer which has been assumed to give a good face to the enormous difficulties they have been up against during those difficult years. In that period one has come across many young men who wanted to marry, but refrained simply because they could not be sure of a job. Now that the kick has come back to trade the marriage market should be busy.

Following marriages come births, and here again there has been an increase both in the number and the rate. A point of note is that the ratio of boy babies to girls has increased in favour of the number of boys born. What the effect will be on the birth-rate of the setting up of the Voluntary Birth Control Clinic, remains to be seen.

The death-rate is the lowest recorded for Derby. The number of deaths has decreased by nearly 200, the decrease being in the ratio of 3 to 1 in favour of females. Various reasons might be given for this decline in the mortality of the female, but, as they might be considered biased, they will be omitted.

In order to compare our death-rate with that of the rest of the country, the Registrar General has given us a "Comparability" Factor (1.04), which raises our actual rate from 10.9 to 11.3. If the populations of all areas were similarly constituted as regards the proportion of their sex and age-group components, their crude death-rates (deaths per thousand population) could be accepted as valid comparative measures of the mortalities experienced by the several populations. In practice, however, populations are not thus similarly constituted, some having a large proportion of old and retired people, whilst others have a greater proportion of younger people, as is found in the industrial centres. This factor is, therefore, introduced in order to give the rate which might have obtained if the town had had its mean proportion of old and young.

The main cause for the fall in the death-rate is due to the mild winter and the dry summer. Such weather was largely conducive

to a marked decrease in respiratory diseases, more especially amongst the older people. On the other side of the scale there is an increase in the number of deaths due to cancer and measles. King's Mead Ward (142) easily heads the death list, followed at some distance by Castle and Litchurch Wards. At the other end of the table, Derwent Ward (65) stands out by itself, with Becket Ward (79) only a fair second.

* * * *

The maternal mortality returns will make the worst reading in the whole of this report. In all, 13 women died during the process of pregnancy—practically double last year's figures.

I have many times been asked if the general increase in maternal deaths is in any way due to the modern girls' greater indulgence in exercise and sport. On this point I have consulted obstetricians, and they inform me that they cannot agree to such a suggestion. On the contrary, it is their experience that the young mother of to-day is as well developed, both physically and structurally, as her parents were in their youth.

The following are some of the details of the fatal cases :—

(1). Age 25. Previous baby born dead five years ago. Attended ante-natal clinic on account of vomiting, and was admitted to hospital, where she stayed, with the exception of a few days, for two months, when she was confined. Normal labour—no instruments—kept in hospital as she was not settling down very well. After six weeks she had two cerebral attacks (? epileptic fits) and died a week later. General condition of the patient was very poor.

(2). Age 39. Five normal pregnancies, followed by two complicated ones, after the last of which she was advised not to have any further confinements unless in hospital. Midwife's case. Doctor sent for after the birth, and he immediately had her admitted to hospital, where, in spite of a blood transfusion, she died a few hours later.

(3). Age 37. Six normal confinements and had normal delivery in hospital. Poorly nourished and stated that she had no desire to go on living. Died four days after confinement.

(4). Age 36. Six normal confinements. Attended ante-natal centre for two months—three weeks later was admitted to hospital with severe headache and sickness, and became unconscious. Following day had a still-born delivery, but never completely regained consciousness before death. Kidneys were found to be diseased and lungs waterlogged.

(5). Age 41. Nine normal confinements. Admitted to hospital from ante-natal clinic on account of bleeding. Delivered four days later—placenta praevia—blood transfusion, but died same day.

(6). Age 41. Seven normal confinements. Midwife sent for help on account of bleeding, and patient at once admitted to hospital, where she died one hour later. Case of placenta praevia.

(7). Age 30. Three normal confinements and one miscarriage. Haemorrhage for a week before calling in a doctor, who sent her to hospital, where she was found to be suffering from septicæmia. Had two blood transfusions, but died ten days later of septicæmia following abortion.

(8). Age 28. One previous confinement, normal. Attended doctor on account of pain and haemorrhage. Admitted to hospital with septicæmia, after abortion, from which she died the following day.

(9). Age 35. One previous miscarriage. Admitted from ante-natal clinic on account of bleeding. Operation performed, but patient collapsed and died suddenly an hour later (? embolism).

(10). Age 40. Eight normal confinements, including one still-birth. Admitted to hospital for operation for large rupture—denied being pregnant. Premature child born (7 months), followed by septicæmia and death.

(11). Age 33. Had septic condition with both of her two previous confinements. Normal ante-natal period. Was admitted to hospital and found to have temperature. Had serum and glycerine treatment after delivery as a precaution in view of previous history. Various other treatments tried, but without success.

(12). Age 47. Five previous confinements, normal. Coroner's verdict : Peritonitis and septicæmia following septic abortion, due to the perforation of the uterus by some instrument, but by whom inserted there is no evidence to show.

(13). Age 38. One normal confinement. Recognised as an ectopic gestation at 10th week. Removed to hospital, but after operation collapsed and died.

(14). Age 25. Her one previous confinement was complicated. Attended ante-natal centre—had a normal delivery and lying-in period, and on 16th day suddenly collapsed and died (? embolism).

There are some points of interest in these cases.

- (a) All had previous confinements and seven had had five or more babies.
- (b) Three were in their twenties, seven in the thirties, and four were 40 years of age or over.
- (c) Three deaths due to septic abortion.
- (d) Three had complications in previous confinements.

Apart altogether from these cases, I understand that there appears to be an increase in the number of cases with associated haemorrhage.

Abortion is going on wholesale in the town, and I am surprised that there have not been a larger number of fatal cases.

It is not my business to preach morals, but to those concerned I would point out that there were 77 illegitimate children born in Derby last year, and of these 9 died.

The infant mortality for the town reached the new low record of 56.3 per 1,000 births.

* * * *

In the body of the Report an account is given by the Organising Secretary of the new Nursing Provident Scheme. To my mind such a scheme has been long overdue in making its appearance, but now that it is established I would most strongly recommend

its adoption by as many people as possible. By means of a few coppers a week a household can be provided with the service of a trained nurse in times of sickness. Indirectly this scheme should prove beneficial to the hospitals, as it would allow patients to be discharged at an earlier date and so release beds, and, therefore, waiting lists. That it is proving successful is shown by the membership figures and the total attendances for the year.

* * * *

Another innovation this year has been made by the Ministry of Labour in the form of a physical training centre for the unemployed. A gymnasium and an instructor have been provided, and an invitation was made to unemployed men to attend. At my attendances at the centre one always found a large number of young men there, and while it was appalling to see so many fit men unemployed, it was a fine thing to see the means they were taking in order to keep themselves fit for a job when it did come along. I consider the experiment was a success.

* * * *

If heaven were on earth there would still be a portion of the community who would find cause for complaint. The Corporation spent a lot of money building new public baths and fitting them with all the latest purifying gadgets at Queen Street, and yet we have had numerous complaints—mostly from people who ought to know better. As a result, we made a series of bacteriological tests, and the satisfactory results will be found within this Report.

Similar tests were taken at the Reginald Street Baths, and these proved unsatisfactory, but we have never received any complaints from the public about Reginald Street. With respect to these baths, the Council have decided to re-model their purification system.

There appears to be—not only in Derby, but elsewhere—an increase in the amount of ear diseases requiring operation. It is quite possible that this may be caused, directly or indirectly, by bathing (sea, river, or baths). For that reason it is highly desirable that the following points should be observed :—

- (1) People with a tendency to ear trouble should not bathe.
- (2) Don't stay in long enough to get cold. It only requires a chill to set the germs working.
- (3) If you must jump in, keep the nostrils closed with your fingers.

Attention to these small points may avoid a lot of trouble.

* * * *

Work at the child welfare centres appears to flourish. The number of attendances, both of infants and parents, has increased. In order to relieve some of the congestion at Rose Hill, an additional centre was opened at Normanton, in St. Giles' Schoolroom. The regular staff of the centres has been supplemented by a band of 38 ladies, who give their services voluntarily. We are grateful to them for this help, and I believe they enjoy the work just as much as we appreciate their services.

A good article will advertise itself, but even so it must have a beginning. For the last few years we have been trying to get a Home Help service going, and we have to thank the local Press for the manner in which it has called attention to the availability of this service. The seeds sown are beginning to sprout pretty effectively, because last year Home Helps were provided to 60 households. If the demand continues, our next difficulty will be to provide a sufficient supply of suitable Home Helps. It is part-time work, and until we can get a constant demand for services throughout the year it will not be economical to make permanent appointments.

* * * *

Infectious diseases has largely been a story of measles. The outbreak commenced at the end of April, and, being largely kept to one part of the town, practically subsided by the end of August. Unfortunately, a case found its way *via* a Sunday School into another district, where it flared up immediately, and continued at full strength until Easter of 1935. During the year, 3,701 cases were notified, and of these 350 were removed to hospital. Only serious cases, or those where there are other domestic complications, are removed to hospital, but home visiting and nursing is carried out

extensively. In all, 13 cases proved fatal, and of these, eight were under two years of age. Ten of the deaths occurred in hospital. Dr. Haigh and his workers have had a busy and anxious time with this outbreak, and considerable credit is due to them for the low case mortality.

Scarlet Fever and Diphtheria have both shown an increase, but this has been at a fairly steady rate.

About Christmas time the Medical Superintendent of the Isolation Hospital reported that he was receiving a few cases of the "Gravis" type of Diphtheria, and these were confirmed bacteriologically by the workers at Leeds. Circular letters were sent to the General Practitioners of the town with this information. Fortunately, the number of these cases remained limited.

Erysipelas seems to be a disease which we appear to be running up against a good deal of late, as no fewer than 41 cases were admitted to the hospital during the year out of a total of 93 cases notified. This is 50% more than the number of cases for the previous year.

Tuberculosis has shown little change in either direction, but it is interesting to note that the largest number of notifications have come from the Osmaston Ward ; but a new housing estate showing the highest tuberculosis incidence need not be taken with alarm. It merely indicates that the families have been moved from the congested areas where the disease was rife into new areas ; but it will take a generation before the best results of these removals can be appreciated.

Towards the close of the year it was decided to find new premises for the Tuberculosis Dispensary, and provisions were made for this purpose in the Estimates.

* * * *

Although a hot summer brings us many benefits, it also has its difficulties, and one of these is in relation to the keeping qualities of our foods. Two cases of food contamination on a fairly large scale were brought to our notice. Fortunately, the poison in both cases was fairly mild in type, so that the results were fairly satisfactory ; they might have been considerably worse.

These two outbreaks were brought to our notice principally because there were a number of people affected. I am convinced that such outbreaks, though on a small scale, are of frequent occurrence every summer. They may be so mild as not to necessitate medical attention—a few may require a doctor's services, but as there is no obligation on anybody to notify suspected food poisoning, our chances of dealing with outbreaks are remote.

The consumption of "tinned" goods has increased by an extraordinary extent since the war. People like them, and their principal merit is that they are handy to use or to store, particularly so for parties and picnics. Every year quantities of "blown" tins are voluntarily surrendered to us by shopkeepers, but it would be easy to overlook a single one in a consignment. If tinned fish and meat must be used, see that it is turned out of the tins at once and eaten quickly, and, above all, never store it in an opened tin.

* * * *

At the commencement of our Slum Clearance policy we suggested that 1,200 houses would require demolition. By the end of 1934—three years from the commencement—that number had been completed so far as the Health Committee were concerned. Half that number had been re-housed, and the remainder should be removed within the next year. With our suggested schemes completed, we are by no means at the end of the job, and I think that it is inevitable that the process must go on indefinitely. Houses, like everything else, have a life period of utility. In numerous cases where the Committee have accepted undertakings for various works to be done, the owners have discovered that it was more than the property was worth to carry out the repairs. There is still a lot of old property in Derby on which a lot of money will have to be spent to bring it up to anything like modern standards, and, while we have passed it over for the time being, it must inevitably be demolished. I think that for some years to come demolition may be necessary in about 100 houses per year.

Derby people are becoming "Bug Conscious." At one time it was a word mentioned in a whisper, and then to the effect that "the people next door have them, but we haven't." Such delicacy

is not now observed, and owners of private property are asking for their houses to be cleansed. I recently had a letter from the Estates Manager in another town asking us to report on the house of a Derby resident who was moving to his locality, and, if necessary, would we deal with the furniture first. It's a sign of the times.

As mentioned in previous reports, we are using the Cyanide process (Zyklon B), and, as it is likely that disinfestation will be in demand for a number of years to come, the Health Committee have decided to erect suitable premises in lieu of the old Health Department buildings, which were brought into use as a makeshift.

* * * *

Good work continues to be done at the City Hospital. The number of in-patients has increased by 400, and maternity figures alone have risen to 500 confinements in the year. The space for maternity cases has had to be increased, and a ward previously used for housing nurses (prior to the opening of the new Home) has been brought into service for that purpose.

Arrangements have been made with some of the large firms in the town to admit their employees and dependants at a flat rate. This fee is guaranteed by the firm's Welfare Association, and obviates the necessity of interviewing and assessing patients with relation to payment for treatment. The scheme is on trial for a year, and, up to the present, from an administrative point of view, is an undoubted success. Incidentally, it is increasing the number of short term cases and is making greater use of the beds.

* * * *

The great scheme of cheap milk for school children was brought into being towards the end of the year, and was fairly well received by the public. At the present time the majority of opinion in the country is that it should have a beneficial effect on this part of our population. There had previously been schemes in some of the schools for the provision of milk, and the milk in these cases was obtained from sources good, bad, and indifferent. Now that the

scheme is run by the Education Committee, the entire supply is pasteurised. The following tables may be of interest :—

		<i>School Population—22,000 approx.</i>	
		<i>Nov., 1934.</i>	<i>March, 1935.</i>
	<i>No. of Children.</i>	<i>Bottles.</i>	<i>No. of Children.</i>
Supplied free ...	2,301	41,212	2,806
Payment made ...	14,250	263,819	12,546
Total ...	16,551	305,031	15,352

It will be seen that, although 72% of the school population participated at the inauguration of the scheme, the numbers of individual children had dropped by 1,200 by the end of the winter. A further glance at the figures will show that the numbers who paid for the milk dropped by 1,700, whereas the free supplies increased by 500. To what is this due ? I think it is almost entirely due to the fact that the novelty of sucking milk through a straw has passed. A certain number of children will have taken stories to their parents that the milk was bad or too cold, or that they didn't like it, or it was upsetting them, and the parents, satisfied with their or any excuse, discontinued payment.

At the commencement of the scheme the Committee decided broadly to give the free ration on economic grounds, as well as medical. On this point the Board of Education disagreed, and stated quite frankly that on medical grounds only should it be given. The decision meant that a child could be given milk until it became medically well—how to arrive at that standard I don't know—then cease the supply until it became ill again. Fortunately, the Education Committee held to their first decision, preferring the scheme to be used as a preventative rather than a cure. The attitude of the Board has created a nasty suspicion amongst many of the Committee that the milk scheme was not so much introduced for the benefit of the children, but rather as a means of using up the superfluous milk from the farms.

* * * *

The subject of squint has been prominently before the Committee during the year, and enquiries are being instituted regarding the treatment on orthoptic methods.

The orthopædic clinic is now becoming well established, but it will be more satisfactory when the additions have been made to Temple House clinic, which will allow for the remedial exercises, etc., to be carried out there instead of at the City Hospital. An arrangement was made during the year whereby long-term cases should be sent to Bretby, and only the short-term cases treated at the City Hospital.

An open-air class has been commenced in one of the new schools, and to this children from various parts of the town are sent. The new venture has not been in operation sufficiently long to give any considered report, but up to the present the results appear to be satisfactory.

* * * *

In conclusion, the sun has shone, and we have had a reasonably good year. I would once more refer you to the vital statistic figures on the first page of this Report. In a nutshell, they tell the story of a return towards prosperity, to suburban villas, and a greater spending power, and to that greatest of all factors—good health—without which the rest would stand for nothing.

My thanks are due to the members of the Committees and Staff who have given me so much help during the year.

I am,

Ladies and Gentlemen,

Your obedient servant,

GORDON LILICO.

HEALTH REPORT

1934.

I--GENERAL.

INCLUDING REPORTS

BY

MR. E. H. BENNETT, M.Inst., M. & C.E., Borough Surveyor,

AND

MR. ALBERT CONNOR, M.I.P.C., Director of Public Cleansing and
Transport Manager.

STATISTICAL SUMMARY.

Area of Borough	...	...	...	...	7,123	Acres.
Elevation above sea level—						
		{ highest, Burton Road			325	ft.
		{ lowest, Alvaston Ward			126	ft.
		{ Market Place	...	...	157	ft.
Population at Census, 1931	...	{ Males	...	68,893	}	
		{ Females	...	73,510	}	142,403
Estimated Population for 1934	...	...	...	...	140,986	
Number of Houses (1931 Census)	...	...	...	...	34,875	
„ Inhabited Houses at end of 1934 (according to Rate Books)	...	...	...	...	36,721	
No. of Uninhabited Houses at end of 1934 (according to Rate Books)	...	...	...	...	approx. 200	
Number of Families or separate Occupiers (Census 1931)	...				35,949	
Number of persons per acre at Census, 1921	...	...			24.6	
„ „ „ 1931	...	...			20.0	
Number of persons per House at Census, 1921	...	...			4.55	
„ „ „ 1931	...	...			3.97	
Rateable Value of the Borough (General Rate)	...	...			£896,347	
Estimated amount realised by a Penny Rate	...	...			£3,475	

1934.

					Rate per thousand population.
Marriages	...	...	...	1,265	...
					17.9
		Total.	Males.	Females.	
Live Births	legitimate	2,018	1,042	976	Birth-rate
	illegitimate	77	41	36	
Births (notified)	...	2,061	—	—	
Still Births	...	95	54	41	Rate per 1,000
					total births
					43.4
Deaths	...	1,540	831	709	Death rate
Death Rate adjusted by the Comparability Factor (1.04) supplied by the Registrar General	...	...	...	...	10.9
					11.3
Percentage of Total Deaths occurring in Public Institutions					48.1
Excess of Births registered over Deaths	...	...	...	...	555

Deaths from Puerperal Causes—			Rate per 1,000 total (live and still) births.		
	Deaths.				
Puerperal Sepsis	...	6	...	...	2.7
Other Puerperal Causes		7	...	...	3.2
		—			—
Total	...	13	...	...	5.9

Deaths of Infants under one year of age—		
Legitimate,	Illegitimate,	Total,

| 109. | 9. | 118. |

Death Rate of infants under one year of age per 1,000 live births—		
Legitimate,	Illegitimate,	Total,
54.0.	116.9.	56.3.

Deaths from Measles (all ages)		
„	Whooping Cough (all ages)	„
...
13	4	11

BIRTHS.

Birth-rate, 1934	14.9
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The Births registered during the year numbered 2,557, as compared with 2,328 in 1933 ; of these 2,557 births, 489 were strangers, and there were 27 births of Derby babies registered outside the Borough, making a net total of 2,095. The corrected birth-rate was, therefore, 14.9.

DEATHS.			Rate per 1,000 population.	
Zymotic Diseases	...	...	36	0.26
Tuberculosis of Respiratory System	...		91	0.65
Other Tuberculous Diseases	...	...	6	0.04
Respiratory Diseases	...	...	107	1.76

DEATH RATES :—			Rate per 1,000 population.	
England and Wales	11.8
121 County Boroughs and great towns (including London)...	11.8
135 smaller towns (Estimated Resident Populations, 25,000—50,000 at Census 1931)	11.3
London	11.9

DEATHS.

Death-rate, 1934	10·9
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The total number of Deaths registered during the year was 1,835 as compared with 2,026 in 1933 ; of these 1,835 deaths, 321 were strangers, and there were 26 deaths of Derby residents registered outside the Borough, making a net total of 1,540. The net death-rate, therefore, from all causes was 10·9. The death-rate adjusted by the Comparability Factor (1·04) supplied by the Registrar General being 11·3.

The following analysis shows the distribution of deaths to ages of the Derby residents :—

Under 1 year	...	...	...	118
1 and under 5 years	...	...	...	37
5 and under 45 years	...	...	...	238
45 and under 65 years	...	...	...	418
65 and over	...	...	...	729
				—
Total	...	...	1,540	—

BURIALS.

The total burials in the Derby Cemeteries for the year 1934 was 1,630, made up as follows :—

1,519	Ordinary Burials.
111	Still-born.
1,630	—

Principal Causes of Death, 1934, COMPARISON WITH 1933.

		<i>Deaths in 1934.</i>	<i>Increase.</i>	<i>Decrease.</i>
Heart Disease	...	361	...	19
Cancer	...	202	15	...
Old Age	...	100	...	...
Tuberculosis of Respiratory System	...	91	...	5
Cerebral Hæmorrhage	...	90	12	...
*Premature Birth	...	77	10	...
Other Circulatory Diseases	...	74	...	24
Violent Causes (including Suicide)	...	70	...	7
Pneumonia	...	51	...	59
Nephritis	...	46	16	...
Bronchitis	...	45	...	21
Other Digestive Diseases	...	40	3	...
Diabetes	...	34	11	...
Peptic Ulcer	...	16	...	5
Measles	...	13	12	...
Other Respiratory Diseases	...	11	...	1
Diarrhœa	...	11	...	3
Appendicitis	...	11	...	...
Other Diseases of the Liver	...	9	...	...

*Including Congenital Defects, and Atrophy, Debility and Marasmus.

Inquests held during 1934.—These numbered 112, 82 males and 30 females.

Mortuary.—Dead bodies received during the year, 37. Post mortem examinations, 50.

Infantile Mortality.—Of the 118 deaths of babies under the age of one year, 67 occurred during the first month, and of this number 70.1 per cent (viz., 47) took place during the first week of life.

Excessive Mortality during the year.—Cancer was responsible for 202 deaths during 1934, this being an increase of 15 as compared with 187 in the previous year. The average mortality in the quinquennium 1910-14 was 116.0, while that of the quin-quennium 1930-34 was 190.0. Heart Disease shows an increase of 13 deaths over the yearly average for the preceding five years, and an increase of 19 as compared with 1933.

DEATHS FROM VIOLENCE.

		1934	1933
Suicide ...	...	15	18
Other Forms of Violence	...	55	59

The following table gives a comparative summary of the Deaths from Other Forms of Violence during 1934 and 1933 :—

Street Accidents.

		1934	1933
Knocked down by Motor Traffic	...	13	17
Pedal Bicycle and Motor Vehicle Collisions		4	2
Collisions between Motor Vehicles, etc.	...	2	3
Thrown from Motor Vehicles	...	2	3
Thrown from Bicycle ...	...	3	—
Knocked down by Pedal Cyclist	...	1	—
Thrown from Tandem Cycle Side-Car	...	1	—

Home Accidents.

Poisoning	...	...	1	2
Burns, Scalds, etc.	...	...	—	5
Inattention at Birth	...	...	—	2
Under-nourished and Neglect	...	...	1	—
Falls, Fractures, etc.	...	...	2	3
Asphyxiation through accidentally being Overlain whilst in Bed	...	...	—	1
Accidental Suffocation in Bed	2	—

Railway Accidents.

Fall from Railway Wagon	—	1
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Drowning

...	6	6
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Accidents at Work.

Falling into Vat of Boiling Water	—	1
Fall from Corn Stack	—	1
Crushed in Mortar Mill	...	...	—	1
Fall through Window	...	...	1	—
Struck on head by piece of Metal	...	...	1	—
Fall from Scaffold	...	...	1	—
Electric Shock	...	...	1	—
Knocked down by Railway Engine	...	1	—	—
Asphyxiated in Foundry Core Oven	...	1	—	—
Fracture of Skull by Crane	...	1	—	—

Other Accidents.

Falls, Fractures, etc.	10	11
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Causes of, and Ages at Death, during 1934.

CAUSES OF DEATHS AND WARD DISTRIBUTION, 1934.

DEATHS IN OR BELONGING TO LOCALITIES (AT ALL AGES).

DERBY RAINFALL, 1934.

We are indebted to Messrs. J. Davis & Son for the following Table :—

According to the return of rainfall experienced at Derby during the past year, and taken by Messrs. John Davis & Son, All Saints' Works, there were 177 rainy days in 1934. The amount of rain which has fallen is 23.22 inches, which is 5.71 inches below that of the average of the twenty-two years, 1912-1933. The detailed figures are as under :—

DERBY. DUFFIELD.

		No. of rainy Inches.	days.		Inches	No. of rainy days.	for Derby. 1912-1933 inclusive.	Average for Derby. 1912-1933
January	...	2.58	...	18	...	2.98	...	2.59
February	...	0.48	...	6	...	0.52	...	2.10
March	...	1.80	...	21	...	2.27	...	2.02
April	...	2.02	...	15	...	2.04	...	2.04
May	...	0.95	...	11	...	1.09	...	2.62
June	...	0.82	...	12	...	0.80	...	1.76
July	...	1.28	...	9	...	1.26	...	3.06
August	...	2.56	...	16	...	2.11	...	2.83
September	...	2.17	...	13	...	2.27	...	2.18
October	...	1.73	...	19	...	2.13	...	2.72
November	...	2.12	...	11	...	2.14	...	2.44
December	...	4.71	...	26	...	5.55	...	2.57
		—	—	—	—	—	—	—
		23.22	...	177	...	25.16	...	28.93

REFUSE COLLECTION AND DISPOSAL.

Mr. A. Connor, Cleansing and Transport Superintendent, reports as follows :—

“A *résumé* of the extensions and improvements effected in connection with public cleansing was included in the report for the year 1933, and, during the past year, these have been continued with satisfactory results.”

Refuse Collected and Received.

House and Trade Refuse Collected	30,317	Tons
Night-soil Collected	230	Tons
Offal and Trade Refuse carted by Producers	4,008	Tons
	34,555	Tons

Refuse Disposal.

Controlled Tipping	29,584	Tons
Burned in the Destructors	4,971	Tons

Moveable Ashbins Provided.

Housing Committee	720	
Private Owners	263	
	983	
Number of Cats, Dogs, etc., disposed of	2,487	

Power Vehicles utilized for Cleansing Purposes.

1. Collection of Refuse :—

Petrol Motor	14	
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2. Street Cleansing and Watering :—

Petrol Motor	7	
--------------------------	---	--

SEWERAGE.

The following information is supplied by Mr. E. H. Bennett, Borough Surveyor :—

Sewers cleaned out during the year.

The total length of sewers cleaned out represents about 26,913 yards, equal to 15.33 miles. Total loads of Silt—313.

Manholes cleaned out during the year 428

New Sewers laid during the year.

Princes Street—Overflow	from	Sewer	to		
Cotton's Brook	120	yds.
Pear Tree Farm Estate	900	„
Lichfield Drive, Waldorf Avenue	250	„
Constable Lane	40	„
Chaddesden Park Road (two)	290	„
Kedleston Road Improvement	395	„
Wye Street Extension	317	„
Uttoxeter Old Road Housing Site	169	„
The Hollies, Osmaston Road	165	„
Cowsley Estate Housing Scheme	718	„
				3,364	„

Manholes Constructed during the year.

Princes Street—Overflow	...	...	...	...	2
Bridge Street	...	...	...	...	1
Walbrook Road	...	...	...	...	1
Kedleston Road Improvement	...	...	...	...	1
Pear Tree Farm Estate	...	...	...	...	10
Lichfield Drive, Waldorf Avenue	...	...	...	...	3
Constable Lane	...	...	...	...	2
Chaddesden Park Road	...	...	...	...	5
Wye Street Extension	...	...	...	...
Uttoxeter Old Road Housing Site	...	...	...	...
The Hollies, Osmaston Road	...	...	...	...
Cowsley Estate Housing Site	...	...	...	...
					18
					43

Laboratory Facilities.

The examination of throat swabs, specimens of sputum, etc., is carried out at the Borough Laboratory, Isolation Hospital. Examinations of specimens of Cerebro-spinal fluid, blood for Widal's reaction, etc., inoculation experiments and more elaborate

investigations, as well as the Wassermann test, are made at the County Council Bacteriological Laboratories, in St. Mary's Gate, at an agreed charge per specimen.

Samples of water are analysed either by the Borough Analyst at the County Council Analyst's Laboratory, or by the Analyst at the Borough Sewage Works Laboratory, Spondon.

Milk and foodstuffs are also examined by the Borough Analyst as above.

Bacteriological Examinations and Inoculation Tests of Milk are carried out at the County Council Bacteriological Laboratories.

POOR LAW MEDICAL OUT-RELIEF.

Mr. Grantham, Clerk to the Public Assistance Committee, reports as follows :—

The Borough is divided into six Medical Relief Districts, as follows :—

District.	Wards.	Medical Officer.	Population at Census, 1931.
No. 1	Arboretum, Dale, Normanton.	Dr. M. Elsom	24,630
No. 2	Abbey, Babington, Becket.	Dr. J. W. King	23,711
No. 3	Bridge, Derwent, King's Mead.	Dr. P. J. Honan	26,434
No. 4	Litchurch, Osmaston, Pear Tree.	Dr. P. G. Leeman	29,107
No. 5	Friar Gate, Rowditch.	Dr. G. A. Russell	18,607
No. 6	Alvaston, Castle.	Dr. C. F. Druitt	19,914

Each District Medical Officer has a surgery within their respective District.

Persons requiring Medical Relief must apply to the Relieving Officer for a Medical Order. This is taken to the Medical Officer, who sees the patient and prescribes the necessary medicines. These are dispensed at the Dispensary, Becket Street, where there is a specially-appointed Pharmacist. Medical Orders are available for four weeks, when a new application is made to the Relieving Officer for continuance.

Ambulance Facilities.

- (a) There are two Motor Ambulances kept at the Borough Isolation Hospital for utilisation for Infectious cases and Tuberculosis cases, when necessary.
- (b) Two Motor Ambulances are kept at the Fire Station and are available for the removal of General, Medical, Surgical, Maternity, and Accident cases. The Fire Brigade is responsible for their running, and a small charge is made for the use of same.

One Motor Ambulance is kept at the City Hospital, and is used for the removal of cases to that institution.

It is known that four large firms in the town have motor ambulances which are used in the case of accidents and illness to their workpeople.

CLINICS AND TREATMENT CENTRES.

Name.	Situation.	Nature of Accommodation.	By whom provided.	Days and times held.
Maternity and Child Welfare Centres.				
Alvaston	Carnegie Library, London Rd.	2 rooms in Library	Monday, 2—4 p.m.
Rose Hill	Rose Hill Methodist Church, Normanton Road	5 rooms in Church	Free Library Committee, without charge to Health Committee
Nottingham Road	Nottingham Rd. Council School	2 rooms	Rose Hill Methodist Church at fee of 30/- weekly
Nightingale Road	Nightingale Rd. School	5 rooms	12 noon, & 2—4 p.m.
St. Helen's Street	Friends' Meeting House, St. Helen's Street	4 rooms in Meeting House	Thursday, 2—4 p.m. for new babies
St. Giles', Normanton (opened 10/5/34)	St. Giles' Schoolroom, Normanton	4 rooms	Wednesday, 10 a.m.—12 noon
Ashbourne Road	Ashbourne Road Congregational Church School	4 rooms	Education Committee's premises
Dean Street	Chapel, Dean Street	2 rooms in Chapel	Wednesday, 2—4 p.m.
Trinity Street	Rear of Nightingale Nursing Home, London Road	2 rooms in Wooden Hut	Thursday, 2—4 p.m.
Ante-Natal Clinics.				
St. Helen's Street	Friends' Meeting House, St. Helen's Street	4 rooms	Society of Friends at fee of 5/- weekly
City Hospital	Uttorxter Road	2 rooms	Health Committee's premises
Trinity Street	Rear of Nightingale Nursing Home, London Road	Partitioned rooms and Doctor's room in Wooden Hut	Derby and Derbyshire Nursing and Sanitary Assoc. (payment made by Corporation under L.G.A., 1929)
				In-patients—Tuesday, Wednesday, Thursday, Friday, 11 a.m. Out-patients—First Wednesday in month, 3 p.m.

Name.	Situation.	Nature of Accommodation.	By whom provided.	Days and times held.
“Toddlers’” Clinics.				
Nightingale Road ...	... Nightingale Road School	4 rooms	Education Committee's premises	Tuesday. 2—4 p.m.
St. Helen's Street ...	... Friends' Meeting House, St. Helen's Street	4 rooms	Society of Friends at fee of 5/- weekly	Wednesday. 2—4 p.m.
Dental Clinic (for expectant & Nursing Mothers and “Toddlers”)	... Temple House, Mill Hill Lane	3 rooms in premises	Education Committee's premises	Thursday, 2—5 p.m.
School Clinics.				
For Minor Ailment Treatment	Central Clinic, Mill Hill Lane Friends' Meeting House, St. Helen's Street	2 rooms in premises	Education Committee's premises	Every morning
” ” ”	” ” ”	3 , , , ,	Society of Friends at fee of 5/- weekly	Tues. & Fri. afternoons
” ” ”	Pear Tree Council School Brighton Rd. Council School	2 rooms in School premises	Education Committee's premises	Mon. & Thurs. morn.
” ” ”	” ” ”	1 room , , ,	” ” ”	Mon. & Thurs. morn.
(junior children only)	Traffic St. Council School	1 , , ,	” ” ”	Tues. & Fri. afternoons
For Minor Ailment Treatment (junior children only)	Firs Estate Council School	1 , , , ,	” ” ”	Tues. & Fri. mornings.
” ” ”	Allenton School	1 , , , ,	” ” ”	Mon. & Thurs. afternoons
Dental Treatment ...	Nottingham Rd. Council Sch. Central Clinic, Mill Hill Lane	4 rooms in premises	” ” ”	Daily, morn. & aftern.
Ear, Nose, and Throat	” ” ”	2 , , ,	” ” ”	Friday morning
Eye ...	” ” ”	3 , , ,	” ” ”	Monday. Wednesday, and Friday afternoons.
Skin ...	” ” ”	2 , , ,	” ” ”	Wednesday afternoons
Consultation ...	” ” ”	2 , , ,	” ” ”	Tues. & Thurs. afternoons.
Ultra-Violet Ray	Pear of Central Clinic, Mill Hill Lane	Wooden Building	” ” ”	Each morning and afternoon, except Wednesday afternoon
” ” ”	Wright Street Nursery Sch.	” ” ”	” ” ”	Each morning and afternoon, except Wednesday afternoon

CLINICS AND TREATMENT CENTRES—*continued.*

Name.	Situation.	Nature of Accommodation.	By whom provided.	Days and times held.
Tuberculosis Clinic Clinics	11, Full Street	5 rooms in premises	Health Committee's premises	Monday, 9.30 a.m.— 12.30 p.m. (males) Tuesday, 9.30 a.m.— 12.30 p.m. (females) Wednesday, 9.30 a.m.— 12.30 p.m. (males) Wednesday, 2.30 p.m.— 5.30 p.m. (workers and new cases) Thursday, 9.30 a.m.— 12.30 p.m. (children) Friday, 9.30 a.m.— 12.30 p.m. (contacts) Saturday, 9.30 a.m.— 12.30 p.m. (new cases and cases for treat- ment) Mon. 6—8 p.m. (males) Wed. 6—8 p.m. (males) Sat. 11.30 a.m.— 1.30 p.m. (males) Mon. 3—5 p.m. (femis.) Thurs. 6—8 p.m. (females)
Venereal Diseases. Clinics	...	Special accommodation in Out-Patient Department	Derby and Derbyshire Royal Infirmary, London Road.	Derby & Derbyshire Royal Infirmary (cost apportioned between Derby Borough and Derbyshire County Council on basis of Out-patient attendances)

LEGAL SUMMARY.

Local Acts (containing Sanitary Provisions).

- The Derby Waterworks Acts, 1848, 1868, 1873.
- The Derwent Valley Water Acts, 1899, 1901, 1904, & 1909.
- The Derby Improvement Act, 1879, Part IV.
- The Derby Corporation Tramways Act, 1899, Part III.
- The Corporation Acts, 1877 (Sec. 60), 1890, 1901, 1913, 1927.

Acts Adopted.

- Public Health Acts Amendment Act, 1890, Part III.
came into operation 20th September, 1899.
- Infectious Diseases (Prevention) Act, 1890 (Secs. 7 and 13), came into operation 20th February, 1902. Sec. 5 in respect of Measles and Secs. 5 and 6 in respect of Tuberculosis of the Lungs, 15th July 1914.
- Public Health Acts Amendment Act, 1890, Part II., came into operation 12th December, 1904.
- Public Health Acts Amendment Act, 1907 (Secs. 19, 22, 23, 25, 26, 27, 28, 30, 31, 33, 34-37, 46, 50-58, 60, 62 to 66, 76, 77, 93 and 95), came into operation 3rd March, 1910, and Secs. 80, 81, 87, 88, 89 and 90 came into operation 4th January, 1910.
- Public Health Acts Amendment Act, 1907 (Section 24 and Part V.), came into operation 9th February, 1915.
- Public Health Acts Amendment Act, 1890, Part V., came into operation 7th February, 1921.
- Public Health Act, 1925, Secs. 13, 15, 18, 20, 22, 23, 24, 25, 26, 27, 28, 30, 31, 32, 33, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 46, 47, 48, 49, 50, 52, 53, 55, came into operation 15th March, 1926.
- Public Health Acts Amendment Act, 1907, Sec 61, came into operation 3rd May, 1926.
- Slaughter of Animals Act, 1933, came into operation 1st January, 1934.

Bye-laws, Regulations and Orders.

- 1930. Slaughter-houses.
- 1927. New Streets and Buildings.
- 1930. Common Lodging Houses.

- 1891. Nuisances (bye-laws 1 and 4), additional (only apply to Borough as it existed prior to Derby Corporation Act, 1927).
- 1892. Street Stop Taps.
- 1898. Dairies, Cowsheds, and Milkshops.
- 1930. Markeaton Baths.
- 1930. Houses Let in Lodgings.
- 1930. Public Baths.
- 1904. Regulations as to Branch Sewers in Main Drainage Area.
- 1907. Expectorating in Public Places, etc., Banana Skins, etc.
- 1908. Factory and Workshop Statutory Rules and Regulations.
- 1910. Underground Rain-water Cisterns (as amended by 1930 bye-laws).
- 1911. Confirming Order of L.G.B. under Sec. 51 P.H.A.A. Act, 1907, declaring certain trades to be offensive.
- 1911. Regulations as to Communications between Drains and Sewers.
- 1912. The Derby (No. 1) Shops Order, 1912.
- 1913. The Derby (No. 2) Shops Order, 1913.
- 1913. The Derby (No. 3) Shops Order, 1913.
- 1913. Regulations as to Communications between Drains and Sewers in Main Drainage Area.
- 1914. Additional General Rules for the Government of the Mental Hospital.
- 1916. For the Good Rule and Government of the Borough and for the Prevention of Nuisances.
- 1917. Spitting on Footways.
- 1919. The Derby Shops (No. 4) Order, 1919.
- 1919. The Derby Shops (No. 5) Order, 1919.
- 1921. Employment of Children and Street Trading.
- 1921. Tents, Vans, Sheds, and similar structures used for human habitation (as amended by 1930 bye-law).
- 1928. Nursing Homes.
- 1930. Bass's Baths.
- 1930. Pleasure Grounds.
- 1930. For Preventing Waste, etc., or Contamination of Water.

II--MATERNITY AND CHILD WELFARE.

INCLUDING REPORTS BY

DR. MCKAIL, Maternity and Child Welfare Medical Officer

AND

DR. HAIGH, "Toddlers'" Clinic.

MATERNITY AND CHILD WELFARE.

Infantile Mortality during the year 1934.

Deaths from stated Causes at various Ages under One Year of Age.

CAUSE OF DEATH.		Under 1 Week.	1-2 Weeks.	2-3 Weeks.	3-4 Weeks.	Total under 1 Month.	1-3 Months.	3-6 Months.	6-9 Months.	9-12 Months.	Total Deaths under One Year.
i.	Common Infectious Diseases.										
i.	Measles	...	...	...	...	...	1	1	1	1	3
	Scarlet Fever	...	...	...	...	...	...	...	...	...	...
	Diphtheria : Croup	...	...	...	...	...	...	...	...	...	...
	Whooping Cough	...	...	...	...	...	1	1	1	1	2
	Erysipelas	...	...	...	...	...	...	...	...	...	...
	Influenza	...	...	...	...	...	...	...	...	...	...
ii.	Diarrhoeal Diseases.	Diarrhoea, all forms including Enteritis, Muco-enteritis, Gastro-enteritis, &c.	...	...	1	1	1	5	...	3	10
	Gastritis	...	...	...	...	...	...	...	...	...	...
	Premature Birth	...	28	6	3	37	4	1	...	...	42
iii.	Congenital Defects	...	7	2	1	10	4	2	1	1	18
	Injury at Birth	...	4	...	...	4	...	...	...	...	4
	Atelectasis	...	3	...	...	3	...	...	...	...	3
	Atrophy, Debility, Marasmus	2	1	...	1	4	2	...	...	...	6
	Abdominal Tuberculosis	...	...	...	...	...	...	...	...	...	...
iv.	Tuberculous Diseases.	Tuberculous Meningitis	...	...	...	...	...	...	...	...	...
	Other Tuberculous Diseases	...	...	...	...	...	...	...	...	...	...
	Meningitis (not Tuberculous)	...	...	...	...	...	...	...	...	...	...
	Convulsions	...	...	1	1	2	...	1	...	2	2
v.	Bronchitis	...	...	...	...	...	1	1	2	...	4
	Pneumonia	...	...	...	1	...	1	1	3	4	9
	Suffocation, overlying	...	...	...	...	...	...	...	...	...	...
	Syphilis	...	...	...	...	...	...	...	...	...	...
	Laryngitis	...	...	...	...	...	...	...	...	...	...
	Other Causes	...	2	1	1	5	...	4	2	4	15
	TOTALS	...	47	10	6	4	67	14	17	11	9	118

Births (Legitimate 2,018 Deaths Legitimate Infants 109 Infantile Mortality = 54.0 per 1,000 reg'd Births) Illegitimate 77 Deaths Illegitimate , , , , = 116.9 per 1,000 reg'd Births

None of the 118 infants had been vaccinated.

Maternal Mortality. The form of Questionnaire required by the Ministry of Health has been filled up regarding all Maternal Deaths of Derby residents. Where a Medical Practitioner was in attendance on a case, either at home or in an Institution, the form has been completed by him. In other instances, where a midwife was in attendance, the forms have been completed by the Maternity and Child Welfare Medical Officer. Details of all maternal deaths of Derby residents are appended.

<i>Age.</i>	<i>Cause of Death.</i>	<i>Institu- tion.</i>	<i>Children Left.</i>
25	Toxæmia Parametritis. Labour two months ago. Toxæmia of Pregnancy	... ... D.C.H.	1
25	Pulmonary Embolism, Childbirth 16 days ago	D.C.H.	2
28	Septicæmia following Septic Abortion. (P.M.)	D.C.H.	1
30	Septicæmia following Abortion. (P.M.)	... D.C.H.	3
33	Puerperal Septicæmia, Blood Infection with Coliform Bacillus	... ... ... W.H.	2
35	Shock and Collapse, Placenta Prævia Cæsarian Section	... ... ... ... D.C.H.	—
36	Acute Pulmonary Oedema, Uræmia, Chronic Interstitial Nephritis, Pregnancy	... D.R.I.	7
37	Toxæmia, Bilateral Mastitis. Labour a month ago. General Debility	... ... ... D.C.H.	7
39	Shock and Collapse, Adherent placenta and post partum Hæmorrhage Labour (P.M.)	D.C.H.	7
40	Myocardial Degeneration. Sapræmia following delivery of premature child	... ... D.R.I.	5
41	Post Partum Hæmorrhage. Placenta Prævia	D.C.H.	10
41	Hæmorrhage, Placenta Prævia	... ... D.C.H.	7
47	Peritonitis and Septicæmia following Septic Abortion due to the perforation of the uterus by some instrument, but by whom inserted there is no evidence to show (P.M.)	D.C.H.	5

Ante-Natal Clinics.

MUNICIPAL.—(a) Friends' Meeting House, St. Helen's Street. 222 women attended during the year. 20 were on the register at the beginning of 1934.

202 new cases attended, 14 of whom were not pregnant. 58 were primiparous women. 104 attended before engaging a midwife (24 of these were primiparæ).

The total number of attendances made was 607.

(b) CITY HOSPITAL.

648 women made 3,390 attendances during the year.

VOLUNTARY.—NURSING ASSOCIATION AND NIGHTINGALE HOME.

Expectant Mothers attended—

762 made 2,544 attendances at 218 Clinics.

Dental Clinic.—Held at Temple House, Mill Hill Lane. Particulars of treatment given to expectant and nursing mothers are as follows :—

REPORT OF DENTAL TREATMENT FOR YEAR ENDED DECEMBER 31ST, 1934.

	Maternity Centre.	Child Welfare Centre.	Toddlers' Clinic.	Isolation Hospitals, etc.	Total
No. of Cases who attended at the Clinic	...	61	49	329	83
No. of Cases actually treated	...	51	44	318	37
No. of Cases to whom advice only was given	...	10	5	11	46
No. of Attendances made at the Clinic	...	66	55	374	202
No. of Fillings	...	—	—	5	25
No. of Extractions	...	136	124	886	44
No. of General Anæsthetics	...	49	46	355	23
No. of Local Anæsthetics	...	1	—	—	1
No. of Scalings, Dressings, etc.	...	—	3	1	6
					10

Midwives.

100 midwives gave notice of intention to practise within the Borough during 1934; five of these were *bona-fide* midwives and 95 were certified women. 62 were attached to institutions (31 at the Derby Royal Nursing Institution, 15 at the City Hospital, 3 at the Poor Law Institution, 6 at the Women's Hospital, 3 at the Borough Isolation Hospital, and 4 at Nursing Homes). 13 were connected with the Health Department (including two School Nurses) and 25 practised privately (seven of these being resident outside the Borough).

Of the 18 midwives practising privately in the Borough, 4 did not attend any cases in the Borough in the year. These midwives attended 655 cases (629 births and 26 still-births). Medical Aid was sought in 238 cases, 186 on account of the mother, 51 on account of the infant, and one on account of mother and infant. In addition, these midwives acted as maternity nurses at 81 cases. Three cases of Puerperal Fever, 4 cases of Puerperal Pyrexia, and 8 cases of Ophthalmia Neonatorum were notified in their practice. Two maternal deaths occurred. The largest number of cases attended by any one midwife was 104. 80 visits to midwives were paid and 27 midwives were interviewed.

Medical Aid Forms.—397 reports were received by the Medical Officer of Health during the year. 268 of these were on account of the condition of the mother and 125 of the baby, while four related to both mother and infant.

Medical Practitioners' Fees.—The total fees paid to local Medical Practitioners in respect of emergency cases attended in accordance with Section XIV. of the Midwives Act, 1918, amounted to £258 5s. 6d. in respect of 260 claims.

Artificial Feeding.—During the year, 29 notifications of proposals to substitute Artificial Feeding were received in accordance with rules of the Central Midwives Board. This number was an increase of five as compared with the number received during the year 1933, and is equal to a percentage of 1.4 of the notified Derby births. In 13 instances, Artificial Feeding was supplemental to Breast Feeding.

Baby Incubators.—No infants were placed in these incubators during the year.

Maternity and Child Welfare Centres.—There were nine Welcomes or Maternity and Child Welfare Centres in existence in 1934, eight of these managed by the Corporation Health Department and one managed by the Nightingale Nursing Institution.

A new Welfare Centre was opened in May at St. Giles' School-room, Normanton, to relieve the congestion at Rose Hill Welfare Centre.

Health Talks were given at the Welfare Centres by the Health Visitors, viz. :—

- 30 at Alvaston Welfare.
- 30 at Ashbourne Road Welfare.
- 40 at Rose Hill Welfare.
- 20 at St. Giles' Welfare.
- 30 at St. Helen's Street Welfare.
- 12 at Nightingale Road Welfare.

Voluntary Helpers.—38 Voluntary Helpers have again rendered excellent service to the Department.

Ultra-Violet Ray Clinic. (Temple House and St. Helen's Street). Of 203 cases referred chiefly on account of rickets, malnutrition, or debility after illness, 69 cases completed the course ; 19 cases were still attending at the end of 1934, while 32 cases referred did not attend at all. 83 cases did not complete the course ; 25 on account of illness and 58 on account of difficulty in attending or of indifference on the part of the parent.

Orthopædic Cases.—Eleven cases were referred to the School Orthopædic Clinic, two of which received operative treatment at the City Hospital, six received non-operative treatment at the Orthopædic Clinic, and three were referred for observation only.

Attendances at Welfare Centres.

CENTRE.	Welcomes held.	No. of Children attending.	Attendances.			No. of Children weighed.	No. of Children seen by Doctor.		
			Mothers.	Babies.					
				Under 1	1-5 Yrs.				
St. Helen's St....	65	451	3844	2530	1697	3645	2015		
Rose Hill ...	143	796	7464	5008	2484	6296	3700		
Dean Street ...	49	300	2835	1722	1090	2353	1346		
Alvaston ...	49	280	3145	2055	943	2445	1340		
Nightingale Rd.	48	399	3020	2136	1090	2650	1475		
Nottingham Rd.	48	271	2325	1719	810	2220	1252		
Ashbourne Rd.	48	297	3032	2025	1051	2407	1251		
St. Giles' ...	31	152	989	720	463	1029	571		
*Trinity Street	50	220	2183	2188	121	2203	439		
Totals ...	531	3166	28837	20103	9749	25248	13389		

Numbers of Children making first attendances in 1934.

CENTRE.	Under	1-3	3-6	6-9	9mth's	Total.	1-5	Total.
	1 m'th	m'ths	m'ths	m'ths	1 year.		years	
St. Helen's Street	67	101	18	8	7	201	33	234
Rose Hill ...	104	179	36	12	11	342	42	384
Dean Street ...	56	54	18	7	3	138	12	150
Alvaston ...	41	49	6	2	3	101	12	113
Nightingale Rd. ...	44	91	18	9	6	168	18	186
Nottingham Rd. ...	45	64	12	6	4	131	21	152
Ashbourne Road ...	38	80	9	6	3	136	19	155
St. Giles' ...	23	26	4	3	1	57	14	71
*Trinity Street ...	91	97	24	4	1	217	2	219
Totals ...	509	741	145	57	39	1491	173	1664

* Trinity Street Welfare is a Voluntary Centre controlled by the Derby and Derbyshire Nursing Association.

Numbers of Babies entirely artificially fed at first visit.

CENTRE.	Under 1 month.	1-3 months.	3-6 months.	6-9 months.
St. Helen's Street	7	24	6	8
Rose Hill ...	16	42	11	7
Dean Street ...	7	11	6	4
Alvaston ...	3	12	2	—
Nightingale Rd....	5	25	16	4
Nottingham Road	4	20	4	2
Ashbourne Road	2	18	2	3
St. Giles' ...	6	5	3	—
*Trinity Street ...	2	13	4	1
Totals ...	52	170	54	29

* Trinity Street Welfare is a Voluntary Centre controlled by the Derby and Derbyshire Nursing Association.

OPHTHALMIA NEONATORUM.

Cases notified	38
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Further information and the table required by the Ministry will be found on page 119.

PUERPERAL FEVER AND Puerperal PYREXIA.

Details of cases of Puerperal Fever and Puerperal Pyrexia which have occurred during 1934 will be found in the Section dealing with Infectious Diseases.

All cases of Puerperal Fever and Puerperal Pyrexia occurring at Home have been investigated by a Health Visitor, and where cases have occurred in Institutions, these have been followed up on discharge, until recovery was completed. Records of cases occurring in Institutions have been completed by the Medical Practitioner in charge of the case.

PEMPHIGUS NEONATORUM.

Five cases were notified during the year. These are further referred to in the City Hospital report.

Nursing Homes.

Registered at 31st December, 1933	...	...	...	...	5
(1) Applications for Registration	...	...	...	...	1
(2) Homes Registered	...	...	...	...	1
(3) Orders made refusing or cancelling Registration	...	...	...	...	*1
(4) Appeals against such Orders	...	...	...	...	—
(5) Cases in which Orders have been					
(a) Confirmed on appeal	...	...	...	...	—
(b) Disallowed	...	...	...	...	—
(6) Number of applications for exemption from registration	...	...	...	...	6
(a) Granted	...	...	...	...	6
(b) Withdrawn	...	...	...	...	—
(c) Refused	...	...	...	...	—
On register at end of year	...	...	...	...	5

Ten visits of inspection were made during the year.

* Registration cancelled on request from the keeper, 4/7/34, and transferred to a new address.

Home Helps.

During the year, 60 applications for Home Help services were received. The full fee was paid in 18 cases, a reduced fee in 27 cases, and in six cases no charge was made to the applicants. In nine instances the applications were withdrawn.

Births.

2,701 notifications were received during 1934 under the Notification of Births Act, 1907. Of these, 2,061 were live births and 92 were still-births relating to Derby residents. 517 were live births and 31 were still-births relating to non-residents. The details were as follows :—

	<i>Derby Residents.</i>		<i>Non-Residents.</i>	
	<i>Nc.</i>	<i>Percent- age.</i>	<i>No.</i>	<i>Percent- age.</i>
Live Births.				
Notified by Midwives	997	36.9	18	0.7
,, Doctors	187	6.9	11	0.4
Notified from Institutions by				
Midwives	820	30.3	391	14.5
,, ,, by Doctors	57	2.1	97	3.6
Still-Births.				
Notified by Midwives	32	1.2	—	—
,, Doctors	14	0.5	—	—
Notified from Institutions by				
Midwives	32	1.2	8	0.3
,, ,, by Doctors	14	0.5	23	0.9
Totals	2153	79.6	548	20.4

923, or 42.9% of total births relating to residents took place in institutions.

2,095 births were registered.

STILL-BIRTHS.—123 Still-births were notified (51 being notified by Medical Practitioners and 72 by Midwives). 92 were in respect of Derby residents and 31 non-residents. There were 111 burials of still-born children in the Derby cemeteries during the year.

132 still-births were registered, of which 37 related to non-residents. Of the 95 still-births registered relating to Derby residents, two were illegitimate. Percentage of still-births to live births registered was 4.5.

92 still-births were investigated.

Children Act, 1908.

On Register at beginning of year	...	...	...	18
Added during the year	...	...	...	13
Removed from Register—				
Taken out of the Borough	...	...	...	2
,, to relatives in Borough	...	...	...	5
,, to Institutions in Borough	...	...	...	1
Adopted	...	...	...	—
Reached nine years of age	...	...	...	—
			—	8
On Register at end of year	...	...	...	23
129 visits were paid by Health Visitors to these Children.				
Foster parents on Register at beginning of year	...	...	...	17
,, ,,, ,,, end of year	...	...	...	20

Milk for Expectant and Nursing Mothers and for Infants.

The following amounts were supplied during the year :—

	Sold at cost price.	Supplied free.	Total.
Dried Milk	...	10,383 $\frac{3}{4}$ lbs.	7,070 $\frac{1}{4}$ lbs. 17,454 lbs.

Work of the Health Visitors.

SUMMARY.

1. MOTHERS.

Visits re Expectant Mothers	...	...	...	465
.. Mothers (Post Natal)	...	...	...	2

2. CHILD WELFARE.

Visits <i>re</i> Births	...	...	...	...	...	...	2,216
Re-Visits <i>re</i> Births (Under 1 year)	...	...	...	...	...	...	11,438
,, Children 1-5	...	...	...	...	...	...	11,817
Visits <i>re</i> Still Births	...	...	...	...	...	...	100
,, Deaths of Infants under 1 year	...	...	...	...	...	...	112
,, ,, ,, over 1 year	...	...	...	...	...	...	39
,, Medical Help Forms (Midwives)	...	...	...	...	...	...	251
,, Home Helps	...	...	...	...	...	...	62
,, Maternal Deaths	...	...	...	...	...	...	7
,, Artificial Feeding Forms	9
,, Diarrhœa	25

3. TODDLERS.

Visits and Re-Visits <i>re</i> Toddlers' Clinic	1,158
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4. INFECTIOUS DISEASES, EXCLUDING TUBERCULOSIS.

Visits <i>re</i> Cases of Whooping Cough	1,196
,, Ophthalmia Neonatorum	...	...	...	...	...	140
Visits to other Infectious Diseases (Scarlet Fever, Diphtheria, Measles, Pneumonia, etc.)	...	...	...	...	...	6,609

5. OTHER PUBLIC HEALTH WORK.

Visits <i>re</i> Infant Life Protection	...	...	...	...	...	129
,, Outworkers	...	...	...	...	...	28
,, Workrooms	...	...	...	...	...	—
,, Sanitary Conveniences for Females	...	...	...	...	...	453

6. MISCELLANEOUS.

Visits <i>re</i> Special Investigations	...	...	...	...	...	1,669
,, Enquiries	...	...	...	...	...	557
Vermin Enquiries	...	...	...	...	...	470
Miscellaneous Visits	...	...	...	...	...	150
Unsuccessful Visits (out, removals, etc.)	...	...	...	...	...	3,173
Assisted at Mothers' Welcomes (Mornings and Afternoons)	...	...	...	...	...	637
Assisted at Toddlers' Clinics	...	...	...	...	...	96
Assisted at Ante-Natal Clinics	...	...	...	...	...	88

THE HON. SECRETARY OF THE INVALID CHILDREN'S AID ASSOCIATION REPORTS AS FOLLOWS :—

“ In 1934, 123 cases were supplied with extra nourishment and 62 cases were afforded convalescent treatment.”

Nursing in the Home.

(a) The Royal Derby and Derbyshire Nursing and Sanitary Association provides District Nurses on application to an agreed charge per visit (and also Midwives and Maternity Nurses). It is an approved training school for Midwives, and pupils are trained there in conjunction with the Nightingale Nursing Home.

(b) Arrangements have been made with the Royal Derby and Derbyshire Nursing and Sanitary Association to provide skilled nursing for cases of Pneumonia, Puerperal Pyrexia, and Ophthalmia Neonatorum occurring in the Borough who require it, and also for cases of Pneumonia after Measles and Whooping Cough, at a fixed charge per visit.

Mr. J. Cobb, Organising Secretary, Home Nursing Provident Scheme of the Royal Derby and Derbyshire Nursing Association, reports as follows :—

SKILLED NURSING AT HOME.

A new development in the work of District Nursing in the County Borough of Derby and outlying districts took place at the end of 1933. The Royal Derby and Derbyshire Nursing and Sanitary Association introduced a scheme of Insurance for District Nursing to enable those in good health to insure against sickness, so that if and when ill-health came the best nursing attention would be available without all the attendant worry and anxiety as to where the money was coming from. A small weekly contribution entitles not only the subscriber, but all non-wage earning dependents residing in the same house to the services of a fully-trained nurse without further charge. There are two sections—(a) Group and (b) Individual. In the former section, payment is at the rate of one penny per week, and is made at the place of employment for

Works groups, and at the meeting-place for Groups connected with Religious, Social or Political organisations. Individual members (section *b*) pay a fee of 6s. per annum direct to the Nursing Association. In addition to nursing, nursing appliances such as bed-pans, air cushions, etc., are loaned to members free of charge.

The scheme was well received. Many employers gave facilities readily for meetings to be held during working hours in the canteens or workshops.

Organisations gave an opportunity to the Secretary to attend a meeting to explain the scheme, and numbers of persons wrote direct for particulars. Over 100 meetings were addressed during 1934. By the end of January, 1935, membership had reached 7,300.

During the three months ending March, 1934, 660 visits were made by Nurses to members, whereas, in January, 1935, alone, 1,500 visits were made. Since the inception of the scheme, 10,588 visits have been made.

The scheme does not compete with any other existing service—it is complementary to Hospital and Medical treatment and does not operate unless the patient is receiving medical attention.

Many letters have been received from patients and their friends expressing gratitude for the excellent service and unfailing sympathy, skill and tact of the Nurses.

TODDLERS' CLINICS.

REPORT BY DR. HAIGH.

Clinics held during 1934 ...	96
Children attended ...	595
Total attendances ...	1326

Many children were found to be suffering from a combination of defects, but they may be roughly classified into groups:—

Carious teeth and associated mouth conditions 195

Dietetic faults, associated with constipation, loss of appetite, or skin eruption 36

Rickets in its various manifestations	...	...	...	22	
Faulty nutrition and anaemia	...	...	...	45	
Nervous, unstable and difficult children	...	...	...	9	
Debility following some infectious disease	...	...	...	62	
Affections of the alimentary system, mainly oxyuris infestation...	...	...	...	29	
Affections of the ear, nose, and throat	...	...	...	60	
Affections of the respiratory system and catarrhs	...	...	...	30	
Affections of the skin and scalp	...	...	...	30	
Affections of the eyes and eyelids and squint	...	...	...	14	
Specific infections such as whooping cough, etc.	...	...	...	11	
Affections of the nervous system and defective brain development	...	...	...	3	
Various defects	...	...	...	15	

References to other agencies were made as follows :—

To Dental Clinic	...	...	...	...	...	215
To Light Clinic	...	...	...	...	...	61
To Ear, Nose and Throat Clinic	...	...	...	...	...	12
To Skin Clinic	...	...	...	...	...	3
To Orthopaedic Clinic	...	...	...	...	...	2
To Institutions...	...	...	...	...	...	34
To Relieving Officer	...	...	...	...	...	3
To Derby Invalid Children's Aid Association	...	...	...	...	...	4

The progress achieved in the housing of the people and the growth of the Borough at the periphery is making it more difficult for one Health Visitor to reach her clientele as well as more difficult for parents to take advantage of the service.

There has been no falling off in numbers, but provision of other clinics at centres nearer to the homes of the children becomes more urgent. Further, the time available for Health Visiting has been greatly reduced, owing to an increasing number of clinics for Diphtheria Prophylaxis and six months of concentration on epidemics of Measles and Whooping Cough. Apart from routine visits, we have paid particular attention to convalescents where serious after-effects might occur, and many such have derived great

benefit from attendance at the Light Clinic. In view of the excellent value of such treatment, it is unfortunate that the Central School Clinic is placed at a great distance from many homes: the transport is often more than parents can afford, or the pushing of a pram. or push-chair there and back twice a week is too great a strain on tired mothers.

The children of the unemployed have been hardly hit during this epidemic, and the handicaps mentioned have prevented many parents taking full advantage of the service offered.

iii.--SCHOOLS
AND
SCHOOL CHILDREN.

REPORT BY
DR. A. MORRISON, School Medical Officer,
INCLUDING REPORTS BY
MR. ARTHUR STAFFORD, School Dental Surgeon.
MR. H. MOUNTFORD, Organiser of Physical Training.

SUMMARY OF INSPECTIONS.

Inspections—

Medical Officers.

For the year 1933.		
Total.		
Number of Routine Examinations at Elementary and Secondary Schools	...	9,458
Number of Special Examinations at Schools and Clinics	...	5,838
Number of Re-inspections at Schools and Clinics ...	...	14,322
		29,618

Dental Officers.

For the year 1933.		
Total.		
Number of Routine and Special Examinations at Schools and Clinics (Elementary and Secondary)	...	18,532

Nurses.

For the year 1934.		
Total.		
Number of Examinations at Elementary Schools ...	...	9,809
Number of visits paid—To Elementary Schools ...	...	6,679
To Nursery School & Classes	305	17,880
To Homes ...	1,783	
		54
		37,701
		2,728
		2,147
		—
		90,945
		—
For		
Requiring observation		
treatment. only.		
Defects found during Inspection—	...	
Medical Officers	...	21,510
Dental Officers...	...	11,466
		—
		4,217
		37,193
		—
		11,612
		—
		40,793
For		
Requiring observation		
treatment only.		
Defects. Attendances.	...	
Defects.	1,608	1,736
Attendances.	1,736	1,732

Inspection Clinics

SUMMARY OF TREATMENT.

		<i>For the year 1933.</i>		<i>For the year 1934.</i>	
		<i>Children.</i>	<i>Attendances.</i>	<i>Children.</i>	<i>Attendances.</i>
Minor Ailments Clinics	...	...	...	16,505	63,472
		15,893	60,097		
Dental Clinic	...	...	...	7,669	9,311
			...	12,715	
Number of Extractions	...	...	...		14,588
Number of Fillings	...	...	...	4,774	5,120
Ophthalmic Clinic	...	...	...	1,136	1,795
Number of glasses provided	...	...	794		1,112
Aural Clinic	...	...	...	854	3,498
Number of Operations performed under an Anæsthetic	...	...	...	340	418
Ultra-Violet Rays Clinic	...	...	...	1,086	15,985
Skin Clinic	...	...	...	261	1,450
Orthopaedic Clinic (commenced November, 1933)	...			65	277
Total number of attendances for treatment	...			—	—
				182	4,087
				—	—
				92,413	100,608
					—

Staff. There was no change in the numerical strength of the Staff during the year. Miss Johnson (Medical Attendant) and Miss Watson (Dental Attendant) resigned on account of ill-health, and were succeeded by Miss M. Mason and Miss E. Butler respectively.

Growth of Work. Routine medical inspection was carried out in all the schools in 1934. This accounts for the increased number of routine examinations, as in 1933 the medical inspection of all schools was not completed. The preceding table also includes the children examined by the Medical Officers at the branch clinics, and shows a decided increase, and it is the larger amount of time spent at these clinics which is largely responsible for the fact that re-inspections at schools have not been done within six months of the routine visit, but have had to be deferred to the following annual inspection. Another contributory reason was that to overtake the arrears of the ophthalmic clinic from 1933 many extra sessions had to be diverted to this purpose. It is hoped, however, to make a start with re-inspections at the proper time in 1935.

SCHOOL ACCOMMODATION.

Accommodation for Medical Inspection. Arrangements have been the same as in previous years and as reported in previous annual reports.

THE DERBY SCHOOLS.

The number of Public Elementary Schools within the Borough is 36. This number includes the Central School and also Temple-House Special School.

SCHOOL ATTENDANCE.

The accommodation in Elementary Schools is 23,924. The number of names on the books is 21,146, and the average attendance 18,682.

CO-ORDINATION.

Arrangements for the co-ordination of the work of the School Medical Service with that of other health services continue as outlined in previous reports.

THE SCHOOL MEDICAL SERVICE IN RELATION TO PUBLIC ELEMENTARY SCHOOLS.

SCHOOL HYGIENE.

The most noteworthy event of 1934 was a survey undertaken by the Borough Architect of the lavatory accommodation of all the schools in Derby. The report of this survey is expected early in 1935, and will probably lead to some welcome improvements, particularly in some of the older schools. No structural alterations of any importance were undertaken in 1934.

MEDICAL INSPECTION.

A detailed statement of the routine of medical inspection was given in the report for 1932.

All the Public Elementary Schools were inspected and re-inspected during the year.

Number of children inspected.—The total number of children inspected was 8,000. Of these, 4,076 were boys and 3,924 were girls.

The total 8,000 does not include all the children examined in the schools, as a considerable number were brought forward by the Head Teachers for some special examination. The total number of these cases amounted to 303.

FINDINGS OF MEDICAL INSPECTION.

Clothing and Footgear.

The percentage of children found to be inadequately clothed during the year was 1·06, this being a very slight increase on last year's figure.

The percentage of children whose footgear was recorded as unsatisfactory was 0·99, a slight decrease on the figure for 1933.

Malnutrition.

The percentage of poorly-nourished children recorded at the annual inspections was 2·9, a slight increase on last year's figure.

As in previous years, some effort has been made to find out the underlying cause of the malnutrition in these children. Although this figure includes delicate children who may come from better-class families, the vast majority of ill-nourished children are found in poor homes where are generally found unsatisfactory buildings, overcrowding, insufficient or inadequate diet, and general carelessness with regard to amount of sleep. To determine which of these is the most potent factor in producing malnutrition is often difficult, but the problem is being tackled on all three sides. Slum dwellings are gradually being replaced by modern houses, intensive advice is consistently given as to the amount of sleep required by children, and diet amplified through the ameliorative schemes of the Education Authority, *e.g.*, free meals, milk in schools, cod-liver oil and malt at cost prices, and ultra-violet therapy.

Uncleanliness.

1.99% of the children examined were found to be verminous at the annual inspections, most of them being of a slight character, exclusion from school being unnecessary in any of these cases.

Further particulars under this heading are given in that part of the report dealing with the work of the School Nurses.

Minor Ailments and Diseases of the Skin.

The numbers of children found at the routine inspections to have minor ailments and diseases of the skin were again very small. This, however, is to be expected, for, with the general distribution of clinics, these cases are seen whenever the conditions arise. In fact, those discovered at the routine inspections are generally found to be already under treatment.

The following skin diseases were recorded at the medical inspections :—

Seborrhœa...	...	...	15	Urticaria	...	...	...	4
Impetigo ...	...	...	12	Intertrigo	...	...	...	3
Dermatitis	...	...	9	Ringworm	Scalp	...	...	3
Warts	...	...	6	Herpes	...	...	...	3
Boils	...	...	5	Ichthyosis	...	...	...	3
				Other Diseases	...	8		

Visual Defects and External Eye Disease.

The number of children (8 years of age and over) whose vision was tested was 5,496. Of these, 1,896 (or 34.5%) had defects of vision in varying degrees, compared with 32.7% in 1933. 642 children with defects over 6/9, 6/9, or reading only 6/9, 6/9, but exhibiting signs of eyestrain, were referred to the School Clinic for refraction. In the eight and twelve year old groups the percentage of children who were unable to read 6/6, 6/6 were :—

8-year Boys	...	35.61	12-year Boys	...	30.83
8-year Girls	...	38.79	12-year Girls	...	35.96

In the same groups, the percentages of children with more serious defects (6/12 or worse in either eye) were :—

8-year Boys	...	14.22	12-year Boys	...	15.00
8-year Girls	...	14.74	12-year Girls	...	18.50

It will thus be seen that in every category more girls were affected with poor vision than boys.

Prevalence of Squint.

To ascertain the approximate number of new cases of squint arising annually, a record has been kept of all the five-year-old children who were affected in this way. The figures show that out of 1,589 children examined, 73, or 4.6%, have varying degrees of squint. In some of these cases the deviation was slight, but in many of them it was severe, and in spite of treatment may lead to defective vision in the squinting eye. Apart altogether from the æsthetic aspect, the importance of this condition as a frequent cause of defective vision is considerable. Up to now, there is really no successful method of treatment apart from the new orthoptic methods which are being tried out in London and Birmingham, and in the majority of children, excepting in slight cases or cases of alternating squint, the squinting eye eventually possesses very poor vision. It is to be hoped that by the new method of treatment the problem may have a satisfactory solution.

External Eye Disease.

In these conditions, it is noteworthy that the numbers ascertained at the routine inspections were very small, especially contrasted

with the numbers which were found at special examinations. The majority of these special cases were, of course, seen at the Clinics. The following defects were found in the course of medical inspection :—

Blepharitis ...	18	Styes	2
Conjunctivitis ...	11	Other Defects ...	7

Nose and Throat Defects.

The number of children referred for treatment for enlarged tonsils or tonsils and adenoids was 2·76% of the number examined. In addition, 12·24% were referred for observation. It is thus evident that there is no diminution in this condition, and it is unfortunate that its cause has not yet been determined, for its malign association with other evil influences affecting the health of the child is undoubted. Whether septic tonsils or adenoids are the cause *per se*, or whether only an effect of general causation, the fact remains that they are associated with rheumatism, ear trouble, and inflammation of the throat and respiratory tracts, diseases which profoundly affect the later life of the child. As previous reports have shown, the proportion of children with this condition was largest in the entrant group, and in very few cases could it be shown that the condition developed after five years of age.

Ear Disease and Defective Hearing.

No additional factors came to light during the year in connection with otorrhœa. There seems to be no doubt that this condition is found in association with infective diseases, such as measles and scarlet fever, and that enlarged tonsils and adenoids are potent factors in its causation. Otorrhœa was found more in the younger children than in the older, and, conversely, its chief sequela—deafness—was found more in the older than the younger. It is hoped that with the treatment available there will be a gradual reduction in the incidence of this disease, with its serious consequences. The education of parents to the gravity of diseases like measles and scarlet fever from this, as well as other aspects, would also tend to limit its occurrence.

Discharge from one or both ears was noted in 59 instances in the course of routine medical inspection. The total number of children who were found to have subnormal hearing was 30.

Dental Defects.

3,604 children were found at the routine medical inspection to have carious teeth. Only the urgent cases were referred direct to the School Dental Clinic, as in the majority of these cases the children are included in the routine age-groups inspected by the School Dental Surgeons during the year.

Orthopædic and Postural Defects.

There was little change in the number and variety of defects falling under this heading. There was a slight increase (419 in 1933 to 433 in 1934) of children with some degree of spinal curvature, and a slight reduction in the figure for rickets (360 to 329). These figures do not call for any special comment except that they are still too high.

The following deformities were noted at the routine medical inspections :—

Spinal Curvature	...	433	Congenital Deformities,
Rickets	...	329	Talipes, etc. 17
Slight Chest Abnormalities			Cleft Palate & Hare Lip ... 8
Flat Foot	...	21	Infantile Paralysis ... 6
			Torticollis 5
			Other Defects ... 24

Heart Disease and Rheumatism.

The percentage of children found to be suffering from heart defects (functional and organic) was 7.3. As previously recorded, it was again noted that many of these children, while not suffering from rheumatism at the time of the medical examination, had a history of a previous rheumatic manifestation. Although a certain amount of ignorance is still prevalent regarding the serious consequences of what were formerly regarded as trivial growing pains, there is no doubt that the continued education of parents on this subject is having a good result. It may be safely said that there is now a fair general knowledge, not only of the various aspects of rheumatism, but also of the fact that a heart defect may accompany even a very slight attack.

Tuberculosis.

Twenty cases were referred from routine medical inspection to the Tuberculosis Medical Officer for advice during the year. Of these, four were already notified cases, and of the remainder, two further cases were found to be suffering from pulmonary tuberculosis.

OTHER DEFECTS AND DISEASES.

Enlarged Thyroid.—Enlargement of the thyroid gland was found in 55 instances. The majority of these were only of a slight character. Instructions were given in every case to obtain means to secure a mitigation of this condition.

	<i>Entrants.</i>	<i>Intermediates.</i>	<i>Leavers.</i>
Boys ...	—	5	7
Girls ...	3	11	29

VACCINATION.

1,025 (12.8%) of the 8,000 children medically inspected were recorded as having been vaccinated.

FOLLOWING UP.

The arrangements for the following up of children suffering from the various defects continued as outlined in the report for 1932.

ARRANGEMENTS FOR TREATMENT.

Inspection Clinic, Mill Hill Lane.—This clinic is reserved for children requiring special examination, cases referred from the Children's Welfare Officers, and for intermediate and concluding examinations of children having courses of ultra-violet ray treatment. 1,732 attendances were made at this clinic during the year. The following were the types of cases which attended the inspection clinic :—

Bronchitis	...	...	341	Other Nose and Throat			
Debility	...	...	198	Defects	...	...	26
Heart Defects	...	...	177	Anorexia	...	...	22

Tonsils and Adenoids	...	137	Skin Diseases	...	...	18
Malnutrition	...	129	Ear Diseases	...	...	16
Anæmia	...	124	Epilepsy	...	...	16
Rheumatism	...	100	Suspected Pulmonary			
Deformities	...	86	Tuberculosis	...	...	15
Vision	...	70	Worms	...	...	14
Neurosis	...	60	Acidosis	...	...	12
Enlarged Glands	...	39	Non - Pulmonary Tubercu-			
Other Lung Diseases	...	27	losis	...	...	11
			Other Diseases	...	128	

Minor Ailments Clinics.—These clinics continue to function on the lines indicated in previous reports. Parents continue to attend them in increasing numbers, and this section of the work is absorbing more and more of the Medical Officers' time. The children seen by the Medical Officers at these clinics fall roughly into six groups :—

- (1) Simple chronic sores, for which the Nurse wishes advice.
- (2) Injuries.
- (3) Diseases of eyes, ears, skin, etc.
- (4) Cases of sore throats, etc., which may prove to be infectious diseases.
- (5) General cases of illness brought by parents.
- (6) Cases which have been off school without medical attendance, and for which a "return to school" authority is required.

In spite of the amount of time given up to these clinics, it is clear that it covers a field which was formerly untouched, and it may be claimed that much unnecessary suffering is obviated by these clinics being available. That the time of the Medical Officer is not wasted on cases with which the School Nurse is quite competent

to deal may be shown by the fact that of the 63,472 attendances at these clinics, only 13,164 were seen by Medical Officers.

<i>Minor Ailments</i> <i>Clinic.</i>	<i>Number of cases.</i>	<i>Number of attendances.</i>	<i>Number of clinics held.</i>	<i>Average. per clinic.</i>
Mill Hill Lane ...	4,930	22,646	284	80
St. Helen's Street ...	1,514	7,806	83	94
Brighton Road School	1,465	3,787	84	45
Pear Tree School ...	1,445	4,533	85	53
Traffic Street School ...	1,128	3,629	81	45
Firs Estate School ...	1,640	5,097	85	60
Nightingale Rd. School	1,882	6,416	84	76
Nottingham Rd. School	2,501	9,558	84	114

Dental Clinic, Mill Hill Lane.—The Dental Clinic is held every day of the week (morning and afternoon).

Total number of cases attended	...	8,233
Total number of attendances ...	...	10,352
Total number of clinics held ...	...	1,171

Mr. Arthur Stafford, School Dental Surgeon, reports as follows :—

“ During the year under review, the work of the Dental Department, fortunately, received no check by reason of changes of staff, and, while a certain amount of interruption was caused by sickness amongst Dental Attendants, a good year's work was accomplished.

There is still cramping on account of there being only two surgeries ; indeed, it becomes more pronounced as time goes on. The possibility of a third surgery would be highly welcome, thus enabling the facilities of the services to fit the work instead of, as at present, having to select work to fit the facilities.

Inspections.—The Elementary Schools were, as usual, visited once during the year, Boulton School being included for the first time. While the Central Schools and Temple House School are not visited for the purpose of inspection, treatment at the Clinic is available for their pupils, and is freely sought by them. At the school inspections, children of all ages were examined, totalling 18,590, this number being slightly greater than in the previous year.

Of those children found on inspection to require treatment, 67.3% were Consents, 22.2% were Refusals, while from 10.5% there were no replies (see Table, Page 66). This shows a pleasing increase in Consents as against last year's percentage (64.9), with also a similar decrease in Refusals (25.9).

Treatment.—10,352 attendances at the Clinic were made by 8,233 children.

(a) *Fillings.*—5,091 fillings were inserted in Permanent teeth and 29 in Temporary teeth, showing a marked increase in conservative treatment.

(b) *Extractions.*—11,769 Temporary teeth and 2,819 Permanent teeth were extracted. While many of the latter were sound teeth extracted for purposes of regulating overcrowded mouths, it would be more desirable if the number of Permanent teeth extracted on account of decay could become lessened.

6,542 general anæsthetics were administered during the year for these extractions, the anæsthetic in most cases being a combination of Nitrous Oxide and Oxygen, while in the remainder Nitrous Oxide alone was used.

(c) *Other Operations.*—There was the usual small number of cases for the treatment of gum conditions and for the scaling and polishing of teeth, but none of outstanding merit.

Propaganda Work.—School lectures to children of 11 to 14 years of age were continued, and 38 lectures were given to 5,980 children.

1,500 pamphlets published by the Dental Board of the United Kingdom were issued for distribution to "leavers." It is, of course, difficult to measure the gain derived from these efforts, but it is of interest to note that it is not infrequent to find older scholars requesting, at their own instance and without the presence of toothache, treatment of a conservative nature, suggesting that they are becoming more "tooth-minded."

ROUTINE DENTAL INSPECTION PERCENTAGES.

School.	Sound.	De-fective but not requiring Treatment.	Requiring Treatment.	Con-sents.	Re-fusals.	No Reply.
Allenton ...	18.8	28.2	53.0	60.9	22.9	16.2
All Saints' ...	14.8	35.6	49.6	64.1	20.7	15.2
Ashbourne Road ...	10.6	45.3	44.1	67.7	22.4	9.9
Boulton ...	15.3	38.3	46.4	72.1	15.0	12.9
Brighton Road ...	20.2	31.7	48.1	61.3	17.6	21.1
Christ Church ...	20.3	33.5	46.2	59.5	24.8	15.7
Clarence Road ...	22.8	34.0	43.2	80.6	14.1	5.3
Firs Estate ...	20.2	30.9	48.9	62.4	25.4	12.2
Gerard Street ...	16.2	46.5	37.3	65.4	15.4	19.2
Kedleston Road ...	28.1	40.2	31.7	65.4	16.4	18.2
Nightingale Road ...	15.8	26.8	57.4	72.8	22.6	4.6
Normanton ...	15.3	30.4	54.3	68.3	22.6	9.1
Nottingham Road ...	17.7	43.2	39.1	62.6	24.3	13.1
Nuns Street ...	10.3	38.2	51.5	63.4	29.4	7.2
Orchard Street ...	13.7	27.5	58.8	54.3	33.9	11.8
Pear Tree ...	16.3	40.7	43.0	75.5	19.1	5.4
Practising ...	17.0	42.2	40.8	69.1	18.8	12.1
Reginald Street ...	18.6	37.5	43.9	64.6	18.5	16.9
Saint Andrew's ...	18.5	34.3	47.2	69.7	18.3	12.0
Saint Anne's ...	12.8	40.0	47.2	54.6	39.7	5.7
Saint Chad's ...	24.9	30.8	44.3	68.8	22.6	8.6
Saint Dunstan's ...	12.9	42.8	44.3	69.6	23.0	7.4
Saint James' Church	24.4	44.5	31.1	82.8	13.1	4.1
Saint James' Road ...	13.7	36.1	50.2	78.7	16.1	5.2
Saint John's ...	12.0	39.2	48.8	75.4	22.5	2.1
Saint Joseph's ...	17.2	27.7	55.1	66.0	21.1	12.9
Saint Luke's ...	14.1	36.5	49.4	62.4	28.9	8.7
Saint Mary's ...	16.2	42.4	41.4	59.1	22.2	18.7
Saint Paul's ...	13.0	38.3	48.7	60.5	29.4	10.1
Saint Peter's ...	15.7	41.3	43.0	55.2	31.4	13.4
Saint Thomas' ...	12.0	36.9	51.1	79.4	17.6	3.0
Sinfin ...	18.4	41.5	40.1	69.4	20.7	9.9
Traffic Street ...	11.3	39.5	49.2	58.9	32.2	8.9
Wilmorton ...	17.5	30.1	52.4	67.5	26.8	5.7
Average Percentage		16.9	37.0	46.1	67.3	22.2
						10.5
Aged 5 years ...	18.1	48.9	33.0			
" 6 "	10.5	45.1	44.4			
" 7 "	8.4	41.1	50.5			
" 8 "	8.7	36.3	55.0			
" 9 "	10.9	39.1	50.0			
" 10 "	15.5	35.5	49.0			
" 11 "	22.8	31.2	46.0			
" 12 "	26.5	29.6	43.9			
" 13 "	27.8	26.6	45.6			
" 14 "	32.7	30.2	37.1			

Ophthalmic Clinic, Mill Hill Lane.—This clinic is held on part of four sessions per week. In addition, the Consulting Specialist attends on Wednesday morning and sees any cases which are referred to him. There was a very large increase in the number attending this clinic in 1934. This was due largely to the fact that there was an accumulation of children awaiting treatment at the beginning of 1934, and that these and current children were all examined during the year. To accomplish this, many extra sessions had to be devoted to eye work.

Total number of cases attended	...	1,670
Total number of attendances	...	2,737
Spectacles provided at contract rates...		1,112

Aural Clinic, Mill Hill Lane.—This clinic is held once weekly, when the School Aurist attends for examinations and general treatment. The number of children who received operative treatment for enlarged tonsils or enlarged tonsils and adenoids in 1934 was 412. This figure compares with 340 in 1933. The general procedure remains as formerly described, and operative treatment advised only when conservative measures have failed.

The treatment of otorrhœa continues on both local and general lines. All cases are kept under treatment until clear, and, by the system of multiple clinics which obtains in the town, any recurrence is brought under treatment immediately.

Total number of cases attended	...	992
Total number of attendances	...	3,893
Number of clinics held by Specialist	...	32
Average number per clinic seen by		
Specialist	...	49

Ultra-Violet Ray Clinic, Mill Hill Lane.—This clinic was opened in February, 1927. The following were the types of cases treated during the year:—

Chronic Ulcers	...	...	58	Dermatitis	...	...	...	6
Septic Sores	...	...	53	Alopecia Areata	...	...	...	5
Erythema Pernio...	...	30		Seborrhœic Dermatitis	...	...	...	4
Impetigo Contagiosa	...	21		Ichthyosis	...	...	...	2

Psoriasis	...	...	9	Xeroderma	...	...	2
Furunculosis	...	...	7	Other Diseases	...	...	13

Completed Course :—

Bronchitis	...	...	128	Rickets	...	...	29
General Debility following				Enlarged Glands	...	...	24
Infectious Diseases,				Anorexia	...	...	15
etc.	...	...	114	Neurosis	...	...	9
Malnutrition	...	...	62	Asthma	...	...	4
Anæmia	...	...	41	Enuresis	...	...	4
Rheumatism	...	...	29	Other Diseases	...	...	17

Incompleted Course :—

General Debility following				Anæmia	...	...	33
Infectious Diseases,				Rheumatism	...	...	11
etc.	...	...	82	Anorexia	...	...	7
Bronchitis	...	...	71	Asthma	...	...	5
Malnutrition	...	...	70	Neurosis	...	...	4
Rickets	...	...	44	Enlarged Glands	...	...	4
				Other Diseases	...	6	

Total number of children attended	...	1,019
Total number of attendances	...	13,721
Total number of clinics held	...	430
Average number per clinic	...	32
Total number of exposures	...	13,760

In addition, 246 cases referred from the Maternity and Child Welfare and Toddlers' Clinics made 2,968 attendances, receiving 2,968 exposures.

Ultra-Violet Ray Clinic, Wright Street Nursery School.—The closing of the ultra-violet ray clinic in St. Helen's Street, in 1933, destroyed the chances of the young children in the Nursery School having the routine courses of ultra-violet rays to which they had been accustomed, as it was found impracticable to bring them to the Central Clinic. The carbon arc lamp, however, has now been installed in a room in the Nursery School itself, so these courses

have been re-commenced. The new scheme was started in August, 1934.

Total number of children attended	...	53
Total number of attendances	...	743
Total number of clinics held	...	33
Average number per clinic	...	22
Total number of exposures	...	743

From the list of diseases submitted for treatment it will be seen that the cases fall into several distinct categories, which may be classified as follows :—

General conditions :—

- (1) Tendency to catarrh, bronchitis, etc.
- (2) Debility following infectious diseases.
- (3) Conditions associated with anorexia, malnutrition, etc.
- (4) Blood conditions—Anæmia.
- (5) Rickets.
- (6) Rheumatic conditions allied to general nervous disturbances.
- (7) Glandular manifestations in the absence of particular exciting causes.

Local Conditions :—

- (1) Skin conditions.
- (2) Enlarged glands.
- (3) Chronic ulcers.

For general conditions, the carbon arc lamp is used. The treatment is bi-weekly, and the initial exposure is three minutes. The exposures lengthen by two minutes, two minutes, and three minutes at each new exposure, until a maximum of ten minutes is reached. The course is complete after twenty exposures, but it may be continued further on the recommendation of the Medical Officer.

The child is completely examined before treatment, a careful record is kept of weight and general reaction, and a general examina-

tion on the conclusion of the course is made. It is unfortunate that we have no scientific records on the progress of these children. Almost all of them gain more than the normal increase as far as that may be computed, and of course many of them are concurrently on other forms of treatment—cod-liver oil, etc.—but, taking this into consideration, it seems evident, from the increased vitality of the children and the appreciation of the parent, that an improvement unexplained by any other cause has been made. The outstanding successes are achieved in post infectious disease debility, catarrhal conditions generally, and anorexia, while of local conditions the results of ultra-violet therapy on chronic ulcers is extremely gratifying.

For local conditions the mercury vapour lamp is used, and the same procedure is adopted, except that in the case of chronic ulcers a daily exposure may be given. The child is seen frequently and the treatment stopped when advisable.

Skin Clinic, Mill Hill Lane.—This clinic was established in November, 1919, and is held on one afternoon per week. The following were the types of cases treated during the year :—

Ringworm Scalp ...	...	72	Scabies	...	...	...	9
Alopecia Areata ...	...	38	Seborrhœa Capitis...	...	...	...	7
Seborrhœa Corporis	...	28	Seborrhœic Dermatitis	...	...	...	6
Dermatitis	...	27	Nævus	...	...	...	5
Psoriasis	...	18	Xeroderma	...	...	...	4
Impetigo Contagiosa	...	15	Acne	...	...	...	4
Ringworm Body ...	...	14	Septic Sores	...	...	...	3
Warts	...	13	Leucoderma	...	...	...	3
Erythema	...	12	Ichthyosis	...	...	...	2
Other Defects		...	12				
Total number of cases attended	...			292			
Total number of attendances	...	...			1,603		
Total number of clinics held by Specialist						39	
Average number per clinic seen by							
Specialist	...	...	...	...		25	

Orthopædic Clinic, Mill Hill Lane.—This Clinic has now been in operation a full year. The following summary indicates what has been done during this period :—

*Total number of cases attended	...	182
Total number of attendances	...	4,087
Total number of clinics held by Specialist		36
Average number per clinic seen by		
Specialist	...	12

* Includes 11 cases referred from the Maternity and Child Welfare Department.

Summary of the 171 school children dealt with during the year :—

(1) Refused treatment 7

Of these seven cases, three were referred for minor conditions of posture, slight kyphosis, etc., one for flat feet and one for rickets. The other two were more serious—one had talipes but had already had a course of treatment at the Derbyshire Royal Infirmary, and the other was a case of coxa vara. All these cases are being kept under observation.

(2) Treated at the City Hospital (Authority's Scheme) ... 19

(a) Operative 18

Cured 4, Improved 14.

(b) Non-operative 1

No change 1

The defects in the 18 cases receiving operative treatment were as follows :—Infantile Paralysis 10, Foot Deformities (Hallux Valgus, Pes Cavus, etc.) 3, Injuries 2, Scoliosis, Coxa Vara and Congenital Deformity 1 each.

Of the 19 cases treated in the City Hospital, 12 were referred for further treatment at the Orthopædic Clinic on discharge.

(3) Seen at Orthopædic Clinic, 1934, but admitted City Hospital, 1935	...	...	...	...	...	2
(4) Treated at Orthopædic Clinic (Massage, etc.)	...	...	...	...	...	121
Cured 6 (includes Crooked Heels 1).						
Improved 99 (includes Crooked Heels 4, Crooked Heels and Toe Splints 1, Splintage 1).						
No change 16 (includes 1 Splintage).						
(5) Referred for observation only	...	...	...	...	...	11
(6) Referred to Local Institutions	...	...	...	...	...	9
For operative treatment 6, Non-operative 2,						
Operative and Non-operative 1.						
(7) Discharged without further treatment	...	...	...	...	...	2
(These were cases of old-standing defects who had received previous courses of treatment).						
					Total	171

Of the 11 cases referred from the Maternity and Child Welfare Department who attended during the year :—

Two received operative treatment at the City Hospital and were referred for further treatment at the Orthopædic Clinic on discharge (1 cured, 1 improved). Both were cases of Torticollis.

Six received non-operative treatment at the Orthopædic Clinic. (All improved).

Three were referred for observation only.

Summary of treatment given at the Orthopædic Clinic :—

Massage and Exercises	...	...	...	926
Electricity	...	...	...	250
Radiant Heat	...	...	...	204
Remedial Gymnastics	...	...	...	2,854
			Total	4,234
Attendances at splintmaker	...	...	90	
Splints and repairs	...	...	50	
Alterations to heels, etc.	...	40		

INFECTIOUS DISEASES.

The system of notification by the Head Teachers and Children's Welfare Officers and methods of procedure were continued as in previous years. The total number of notifications received from the school authorities was 1,943. The numbers of children who were the victims of infectious diseases in 1934 were as follows :—

Measles .....	...	2153	Scarlet Fever	...	...	251
Varicella ...	...	707	Diphtheria ...	...	...	130
Whooping Cough...	...	267	Mumps	...	...	18

1934 has been a bad year for infectious diseases, as there has been an increase in the three most serious diseases of childhood—Diphtheria, Whooping Cough and Measles. There was a particularly widespread epidemic of Measles, which has left in its train the usual serious sequelæ of this disease.

The close co-operation between the Health and School Medical Departments has continued as outlined in previous reports.

School Closure.—It was not found necessary to close any of the schools during the year.

Diphtheria Swabbing.—During 1934, 548 swabbings were taken from the throats of school children, and of these, 63 were found to contain diphtheria bacilli, a percentage of 11.5.

Diphtheria Prophylaxis.—Dr. W. E. Haigh, Assistant Medical Officer of Health, has continued his lectures on this subject to parents at various schools in the town during the year, and has also carried on the immunisation clinics at Derwent Street and Nightingale Road. The percentage of school children immunised, however, is still small, and until a higher percentage is successfully inoculated the incidence of diphtheria is not likely to be lowered to any exceptional degree.

OPEN-AIR EDUCATION.

There is no official Open-air School in Derby. In a large number of schools, when conditions are favourable, classes are held in the open-air in summer. An effort has been made, however, to have a

special open-air class in Sinfín School which was opened in January, 1934, and is situated at the periphery of the Borough and in ideal open-air surroundings. The class numbers 25 of ages from seven to eleven, and the pupils were chosen from children who were found to be suffering from malnutrition at previous inspections. They come from the poorest districts of the town and are physically much below the normal. The class is conducted on the lines of a day open-air school. The children come in a Corporation 'bus, have milk at 11 a.m., hot dinner at 12.15, an hour's sleep between 2 and 3, and a hot drink before departure at 4.30 p.m. As the class was established only in May, a full report based on a year's experience is not possible, but even at the end of the year (after seven months) the children showed a distinct improvement in health, their colour, energy, and response being in most cases much better. One child showed no increase in weight, and her case is being investigated; but all the others showed increases varying from 1 lb. 7 ozs. to 4 lb. 13 ozs., the average increase for the period being 2 lb. 14 ozs. This venture gives promise of distinct success.

PHYSICAL TRAINING.

Mr. Mountford, Organiser of Physical Training, reports as follows :—

“General.—There is evidence that the question of physical fitness is slowly but surely attracting much public attention, and there is little doubt that attention to such an important factor should be a national problem.

It last received much publicity after the war, and this had its effect on physical education in elementary schools. Along with the publication of the Board's 1919 syllabus, physical training gradually became an integral part of the school life. The present awakening interest is preceded by the publication of the 1933 syllabus for junior children, and this will undoubtedly be followed by a progressive scheme for older boys and girls from 11 years to school-leaving age.

At the very outset, the position is definitely a favourable one. There is splendid material to hand, and the opportunities for the

children receiving it are already provided. The new syllabus provides infinitely varied and interesting material, and most school time-tables provide for a daily lesson. The outcome is obviously in the hands of the teachers and parents. It is for the teacher to give the right training during school hours and for the parent to back up the school training and to help their children to live hygienically. The increasing co-operation between parents and teachers is one of the happy features of the present day. Providing that the subject is approached in the right attitude, there is every prospect that sound and lasting results will be accomplished.

The first fundamental aim of physical education is to keep the normal child fit and healthy by the provision of exercise in the form of physical training, games, swimming, dancing, athletics, etc. Secondly, but of no less importance, physical education provides activities which are a medium for the training of a healthy mind and character. The standard of attainment on the purely physical side is good. Children perform their physical exercises creditably, the skill which is displayed at games is fairly high, and an excellent standard is maintained in swimming. On other than physical grounds the results and progress cannot be measured, but in this direction it is felt that much more could be made of the opportunities which are available.

The mere teaching of physical training may give boys and girls the ability to perform exercises but does not necessarily give them a personal interest in the care of their own bodies. Organised games may result in children who can play games skilfully but will not of necessity improve their character. A boy may become a skilful cricketer but it does not follow that he will play cricket in the moral sense. A boy or girl may become a fine swimmer and yet fail to have developed habits of cleanliness.

1933 Syllabus and Teachers' Classes.—With the consent of the Education Committee and the Head Teachers, it has been possible to organise teachers' classes in the afternoons during school hours. This makes it possible for all teachers to attend classes. Short classes have been arranged for six weeks at Traffic Street School,

which has a vacant school hall. At present, the classes are of a practical nature, and only teachers who are able to take practical part in the lessons are attending. Later, demonstration classes will be arranged for teachers who are unable to take part in the practical work. It is also hoped that teachers who do not take physical training in school will attend these classes.

Such short classes can only give a broad outlook on the new syllabus, but it is hoped to take further classes out of school hours dealing with the subject in more detail.

Posture Training.—The need for attention to posture training has been specially attended to at each series of the above classes. A discussion on posture has been arranged, and it has been possible to use children from the school for illustration. In the case of boys, a short demonstration lesson was taken with a group of boys stripped to the waist. The effects of simple direction on posture were illustrated.

As stated in last year's report, however good posture training may be in the physical training lesson, it cannot alone produce habitual good carriage. Much more can be done in the classroom where the children sit for the greater part of their school life, and a few strong corrective exercises in between lessons would help in no small measure.

Organised Games.—At a recent teachers' class a plea was made to include the lesser organised games in the organised games period. The question of including activities other than the orthodox games was later brought up for discussion. It was pointed out that, whilst many boys were keen on football and cricket, there were some who would prefer cycling or hiking and rambling. Could such activities be arranged in organised games periods for boys who were keen, providing that such activities were properly organised? Such arrangements would only be really practicable if the whole of a senior school had its organised games on one afternoon. At present, organised games are arranged on separate days for different classes, and it is rare for more than two classes to have organised games at the same time. This question certainly contains

intriguing and probably very valuable possibilities. Much would depend on a keen head teacher and a staff containing enthusiasts in the various activities suggested. Should opportunity arise, the experiment should certainly be tried.

Swimming.—Ten years ago it was suggested that to teach 1,000 boys and girls annually to swim would be no mean achievement. Since 1930 the number of 'learners' has been definitely beyond this mark, and there is every prospect that the number will continue to total more than 1,000. It would seem natural to set a greater number as a goal to work for, but it must be remembered that the bath accommodation in Derby is limited, and already every available period at the baths from 9 a.m. on Monday to 4.30 p.m. Friday is utilised. Special attention is now being paid to the children who are nearing school-leaving age.

It is proposed to take some sort of census at the end of the leaving terms to find out how many leavers are able to swim, and publish the figures in these reports. It is hoped that in the near future it will be possible to report that all boys and girls leaving Derby schools are able to swim, excepting, of course, those who are unfit on medical grounds to take swimming lessons.

The following results have been obtained during the past year:—

1st Learners	...	...	...	1,529
2nd „	...	...	...	930
Distance ...	...	...	...	1,188
Style ...	...	...	...	33

Life Saving.—For an out-of-school activity, the life-saving results in Derby reflect great credit on the small band of teachers who are responsible for the work. The following results were obtained:—

Elementary	...	...	534
Intermediate	...	...	427
Medallion ...	...	...	263

This is a record result. The gaining of medallions is particularly a happy feature when it is remembered that this award cannot be gained until a boy or girl is fourteen years of age.

The results of the National Competition for Life Saving organised by the Life Saving Society are as follows :—

	<i>Elem.</i>	<i>Inter.</i>	<i>Med.</i>	<i>Points.</i>	<i>Population.</i>
1. Sheffield	2,058	1,589	842	11,032	519,820
2. Manchester ...	1,016	906	541	6,439	771,165
3. Bristol	855	444	214	3,257	397,012
4. Derby	534	427	263	3,130	142,000

The National Life Saving Trophy is competed for by towns irrespective of size and population. If populations were taken into account (see above) it would be found that Derby would at least just lead Sheffield and would be well in front of the others. Derby can certainly be proud of these results.

Playing Fields.—As pointed out in last year's report, the only real solution to the playing fields problem is the acquisition of one or two large playing fields by the Education Committee, solely for the use of elementary schools. During the past year a field on the outskirts of the town containing three football pitches was rented, and arrangements were made for two of the most central schools in the town to use this field. Special 'buses were arranged to take the senior boys of these two schools on three successive days. This was a real step forward, but, alas ! arrangements were barely in progress when the field was sold and play had to cease, the schools having to return to the recreation ground with its many difficulties. However, it is more than probable that during the coming year arrangements of a more lasting character will be possible for these schools on a site owned by the Education Committee.

It was thought that the pitches on the Osmaston Park, owned by the National Playing Fields Association, would be a real boon to many schools in the vicinity. The pitches on these fields were rented for the use of schools during 1931 and 1932, but have since been out of use, the Royal Show being held on this ground in 1934, since when the pitches have not been made available for use.

The Municipal Sports Ground has been most useful during the cricket season, and full use was again made of it during the summer. The ground has been available for organised games from 3 p.m. to

4.30 p.m. daily, and additionally on certain evenings for out-of-school cricket matches organised by the Schools' Athletic Association. The ground is also used for Derby Schools' Sports Day.

Camping.—For the fourth year in succession, the annual Schools Camp was held at Abergele, North Wales, and the usual arrangements were made. The children's payments amounted to £430, and this, together with the Education Committee's grant, made it possible for approximately 600 boys and girls to spend one happy week in camp.

Much of the success of any large school camp, outside the material arrangements, depends upon the staff. Too high praise of the staff is impossible, especially so when considering the fact that most of the staff, men and women, give up voluntarily a fortnight of their four weeks holiday.

One of the most interesting new features of the past camp was the journeys. Advantage was taken of the cheap holiday travel tickets which are issued by the Railway Company. By means of these tickets it was possible for every boy and girl to make at least one railway journey. The places of interest chosen included the Swallow Falls at Bettws-y-coed, Conway, Holyhead and Snowdon. The activities in this direction were rather in the nature of an experiment, but it was a real success, and it is hoped to take full advantage in coming years if the camp is still held in N. Wales. The fundamental idea of the camp is to provide a holiday for the poorer children who would not otherwise get one. Whilst the holiday spirit is always kept to the fore, every advantage is taken of opportunities for educational training, particularly in these journeys.

Play Centres.—The Centres at Orchard Street and Traffic Street were again opened for the usual winter sessions. At the end of the Christmas session a 'picture' night was arranged, and was certainly much appreciated. The entertainment was provided by a local firm, with a projector using 16 m.m. films. The films chosen included a holiday story in the Swiss Alps, Robinson Crusoe, News

and Travel Reels, and the always popular comics. There is a wide choice of 16 m.m. films now available for hire. It would be possible with a projector owned by the Education Committee to arrange many more, not only pleasant but profitable evenings of a similar nature at a very small cost.

Folk Dancing.—Folk Dancing is only a small part of the scheme of physical education, and is almost entirely limited to the girls' schools, and more especially to the senior schools. Although small and limited, it is not lacking in enthusiasm nor attainment. The standard of the country dancing is certainly a high one, and the competition for the Petty Shield is largely responsible for keeping up this high standard. The 9th Annual Competition was held at Pear Tree Schools, and the following schools gained the first three places:—

1. Brighton Road.
2. Pear Tree.
3. Royal Institution for the Deaf.

The dancing of the deaf children is certainly worthy of special mention, and the team work display by these girls is of a very high order."

PROVISION OF MEALS.

The provision of solid meals continues on the lines indicated in previous reports. The number of children on the free meals list is now 363, compared with last year's figure of 329. On the part-payment list there are now 264 children, compared with 276 in 1933.

The extended milk scheme was started in October, 1934, and has been taken up enthusiastically in the Derby schools. Under the previous arrangement, when one penny was paid for one-third of a pint, approximately 2,000 bottles were sold daily. There was no official free issue, although certain necessitous children received occasional bottles at the discretion of the Head Teacher. Within a fortnight of the commencement of the new scheme, 14,700 children were receiving the milk—12,500 by payment and 2,200 given free by the Authority. The free issues have been allocated not

specifically on medical selection, but on economic considerations, the present basis being as follows :—

Milk is supplied free of charge to children of families where the income, after deducting the rent, is 7s. per head or less—half the earnings of children under 21 is taken into account, and such children included in the number in the family for the purpose of calculating the income per head. The milk is pasteurised and is examined from time to time by the Medical Officer of Health to ensure that both purity and quality are up to standard. As the scheme started so late in the year, it is not possible to assess at present the effect on the health of the children of this extra aid to nutrition.

CO-OPERATION OF PARENTS, TEACHERS, CHILDREN'S WELFARE OFFICERS AND VOLUNTARY BODIES.

Parents.—Every care is taken to notify the parents when the routine medical inspection is being held. Parents were present in 4,077 instances. As very few parents of the twelve-year-old children are present, the percentage is really more satisfactory than it appears. As a matter of fact, in the case of the entrant group, the parents were actually present in 83% of the cases. Parents are instructed to attend at regular intervals during the morning or afternoon so that they do not wait for long periods before interviewing the inspecting Medical Officer.

Teachers' and Children's Welfare Officers.—The School Medical Department again worked very harmoniously with the Education Department, Teachers' and Children's Welfare Officers, and difficulties with parents have been reduced to a minimum. The teachers have given great help by bringing forward for examination cases with obvious or suspected defects and by promptly notifying cases of suspected infectious disease. They have also been most helpful in their arrangements for medical inspection, and it is pleasing to record that, in spite of their own administrative difficulties, they have taken time and trouble to make the visit of the Medical Officer pleasant and frictionless. Particular mention also should be made of Mr. F. Gates, Superintendent Welfare Officer, for whose co-operation and assistance I am very grateful.

Voluntary Bodies.

(a) Invalid Children's Aid Association.—The close co-operation established between the School Medical Department and the Invalid Children's Aid Association was maintained during the year. Many cases have been referred by the School Medical Officer to this Association, who have not only provided allowances for increased food, but have also undertaken to send cases to the seaside and helped them in various ways.

(b) National Society for the Prevention of Cruelty to Children.—I wish to make special acknowledgment to the Officer of the N.S.P.C.C. for his valuable services during the year. The calls made upon him have been particularly heavy and have arisen largely in connection with cases attending the Eye Clinic. His visits were almost entirely successful and were of great assistance to the Department. On the few occasions where his assistance was sought in cases of neglect an immediate improvement was manifest.

(c) Skegness Seaside Homes.—Every year, through the agency of this Institution, children from all over the town enjoy a week or a fortnight of happy and healthy holiday at this bracing seaside resort, and return very much the better for the change. In assessing the various factors which tend to make and keep the school children of Derby healthy, this Institution undoubtedly takes a very high place.

BLIND, DEAF, DEFECTIVE AND EPILEPTIC CHILDREN.

Blind.—No case of blindness was examined during the year.

Deaf.—One child was examined with a view to admission to a Deaf and Dumb Institution.

Mentally Defectives.—Fourteen children were examined under the Mental Deficiency Act, 1913. Three were certified incapable by reason of mental defect, of receiving benefit from instruction in a Special School or Class ; two were certified incapable, by reason of mental defect, of receiving further benefit from instruction in a Special School or Class ; nine were certified feeble-minded (over 16 years of age).

Epileptic.—One child was examined and certified fit for admission to an institution.

The methods adopted for ascertaining and dealing with children who are defective have been described in previous reports.

Work of the Local Branch of the Central Association for Mental Welfare.—This Association has been in operation since 1931, and its objects have been detailed in a former report. During the year, 58 reports were received on children who were either in or had left Temple House Special School.

TEMPLE HOUSE SPECIAL SCHOOL.

The number of children who have had the benefit of special training in this School since its opening in 1901 is now 932.

Admissions.—Examinations are held periodically during the year, and in 1934 72 children were brought forward. Of these, 45 were certified as capable of receiving benefit from instruction in the Special School. 40 were actually admitted during the year (including two re-admissions). Two children who were passed as suitable candidates were admitted early in 1935, and the remaining three children were admitted to private schools. Twenty-seven were found not to be mentally defective within the meaning of the Act and fit to be retained in the Elementary Schools.

The following shows the age and sex respectively of the children admitted during the year:—

		<i>Males.</i>	<i>Females.</i>
Age 6 ...	...	1	—
„ 7 ...	...	2	1
„ 8 ...	...	8	6
„ 9 ...	...	4	2
„ 10 ...	...	5	2
„ 11 ...	...	2	5
„ 12 ...	...	—	1
„ 13 ...	...	—	—
„ 14 ...	...	—	—
„ 15 ...	...	—	1
Totals	...	22	18
		—	—

The girl aged fifteen was admitted from a Residential Special School. Examinations on Binet Simon principles have been carried on during the year. It has not been possible, however, to complete the full programme. All children, however, are assessed about the age of twelve, and again in their last term at school.

Discharges.—The following children were discharged from the School during the year, and their present occupation, as far as can be ascertained, is noted :—

<i>Males.</i>	<i>Females.</i>
T.G. Transferred to Residential Institution.	E.C. Household Duties.
R.W. Transferred to Home Office Approved School.	E.H. Factory Hand.
H.T. Grocer's Boy.	E.W. Factory Hand.
R.P. Seed Trial Grounds.	I.M. Domestic Work.
W.J. Foundry Hand.	S.B. Winder.
A.K. No Trace.	H.B. In Hospital.
W.H. Transferred to Home Office Approved School.	I.A. Factory Hand.
D.L. Winder.	G.L. Factory Hand.
R.B. No Trace.	M.H. At Home.
N.W. Painter's Labourer.	N.P. Factory Hand.
T.H. Newsagent's Assistant.	D.B. Public Assistance Institution.
W.S. Farm Labourer.	G.E. Public Assistance Institution.
F.W. Kennel Boy.	G.W. Factory Hand.
	A.W. Printer's.

Full-time Courses of Higher Education for Blind, Deaf, Defective and Epileptic Students.—There are no centres for Higher Education or vocational training in Derby. Suitable cases requiring such training are sent to recognised Institutions elsewhere. During 1934, one girl was maintained at the British Homes for Deaf and Dumb, London, and one boy at the Home for Crippled Boys, Wright's Lane, Kensington.

NURSERY SCHOOL AND CLASSES.

The Wright Street Nursery School and the three recognised Nursery Classes continue to function successfully on the lines indicated in previous reports. The children are visited twice weekly by the School Nurse and at frequent intervals by the Medical Officer. Every child is medically examined at least once per year, and treatment inaugurated for any defects. Judged by any standard, these Classes are definitely successful.

The number of children examined at the various schools was :—

<i>School.</i>	<i>Boys.</i>	<i>Girls.</i>	<i>Total.</i>
Wright Street ...	56	40	96
Trinity ...	72	50	122
Firs Estate ...	—	76	76
Nuns Street ...	42	46	88
	—	—	—
Totals ...	170	212	382
	—	—	—

SECONDARY SCHOOLS AND OTHER INSTITUTIONS OF HIGHER EDUCATION.

The number of Secondary Schools in Derby is four, viz., The Bemrose School (Boys), Parkfields Cedars Secondary School for Girls, The Derby School (Boys), and The School of Art (Boys and Girls).

Accommodation.

The Bemrose School	...	...	...	...	685
Parkfields Cedars Secondary School for Girls	...				400
The Derby School	...	...	...	...	265
School of Art	...	...	...	...	80
					—
					1,430
					—

Medical Inspection.—The requirements of the Board with regard to medical inspection have been carried out, all the schools having been inspected during the year. A complete examination, however, was undertaken only for the entrants, twelve and fifteen year

old pupils, and any others whom it was thought necessary to examine. Any defects requiring attention are brought to the notice of the parents, together with an offer of any treatment available at the School Clinic. Pupils who do not receive treatment at the Clinic are re-inspected after six months, unless they are known by earlier examination to be definitely remedied.

The total number of pupils inspected was 1,427. Of these, 893 were boys and 534 girls.

Treatment.—The forms of treatment available at the Clinic include minor ailments, dental, ophthalmic, nose and throat, ultra-violet rays and orthopædic, the conditions regarding payment being similar to those for Elementary School children, with the exception of dental treatment for which an annual fee of 5s. is charged. The following shows the number of defects treated at the Clinic :—

Visual Defects	...	...	...	78
Dental Defects	...	...	...	242
Other Defects	...	...	...	43

Other Examinations.

Before proceeding to Camp	...	...	...	16
Before competing in School Boxing Tournament				26

The School Medical Service has not up to the present dealt with Continuation Schools.

PARENTS' PAYMENTS.

No charge is made to parents in respect of treatment of minor ailments, skin, ultra-violet ray, aural (except operation), ophthalmic and orthopædic (except hospital).

For operations for tonsillectomy, a charge of 13s. is made to the parents if the operation is performed at the City Hospital. These amounts cover the entire expense, and there is no cost to the Education Committee. In exceptional cases, however, part payment of this sum may be defrayed by the Authority.

Dental Treatment.—For Elementary School children, no definite scale is employed. Parents, however, are informed that some contribution to the cost of treatment is expected. For Secondary School children an annual charge of 5s. is made.

Orthopædic Treatment in Hospital.—No definite scale is in operation. All the home circumstances, however, are considered, and a weekly charge made accordingly.

Spectacles.—Parents pay for the spectacles themselves, except in such cases where, on account of poverty, the glasses are not likely to be obtained. In these cases, some assistance is given by the Education Authority.

HEALTH EDUCATION.

General health education is carried on in the schools by the education staff, and the Board's handbook of Suggestions on Health Education is followed extensively. The Senior Dental Officer, however, gives periodic lectures to the senior children in the Elementary Schools. Up to now, chiefly owing to lack of time, no definite health education has been undertaken by the Medical Staff.

EMPLOYMENT OF SCHOOL CHILDREN.

During the year, 292 boys and 4 girls were examined as to their fitness to undertake employment. Of these, one boy was certified unfit. At the end of the year there were 290 children registered to work for 207 employers, the majority being engaged on newspaper delivery.

THE WORK OF THE SCHOOL NURSES.

Eight nurses, including one employed whole-time on orthopædic work, are engaged on the work of the School Medical Services.

Home Visits.

Infectious Diseases	...	...	...	...	166
<i>Re</i> Spectacles	...	...	...	...	550
<i>Re</i> Nose and Throat Defects			...	...	556
<i>Re</i> Orthopædic Defects			...	...	159
Unsuccessful	...	...	...	...	308
Miscellaneous	...	...	...	...	408
					—
			Total	...	2,147
					—

Visits to Schools.

Number of sessions devoted to vermin inspections	...	264
Miscellaneous	...	50

Visits to Nursery Schools.

Number of visits paid	267
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Clinics.

Minor Ailments Clinic, Mill Hill Lane	644
Do. St. Helen's Street	168
Do. Brighton Road School	84
Do. Pear Tree School	...	...	...	85
Do. Traffic Street School	...	...	...	81
Do. Firs Estate School	...	...	...	85
Do. Nightingale Road School	...	...	...	84
Do. Nottingham Road School	...	...	...	168
Inspection Clinic, Mill Hill Lane	...	...	...	245
Ophthalmic Clinic, Mill Hill Lane	...	...	...	198
Skin Clinic, Mill Hill Lane	...	...	...	43
Aural Clinic, Mill Hill Lane	...	...	...	32
Ultra-violet Ray Clinic, Wright Street	...	...	...	33
Do. Mill Hill Lane	...	...	...	430
Orthopædic Clinic, Mill Hill Lane	...	...	...	374

Vermin Clinics.

Total number of cases attended :—

Body Vermin ...	...	...	...	6
Verminous Head ...	...	...	...	165
Total number of attendances ...	...	...	...	344

Further particulars in connection with this work are given in Appendix, Table IV., Group 6.

MISCELLANEOUS WORK.

Teachers.—The total number of teachers examined during the year after absence from duty owing to illness was 21. All were certified fit.

Intending Teachers.—Twelve intending teachers were examined during the year and certified fit.

Home Office Schools.—Fifteen children were examined during the year and certified fit.

Schools Camp.—655 children were examined before proceeding to the annual Schools Camp at Abergele—367 boys and 287 girls. One boy was certified unfit.

Skegness Seaside Home.—133 children were examined before proceeding to the Derby and Derbyshire Children's Seaside Home.

Entertainments.—21 children were examined and certified fit to take part in entertainments.

Child Guidance.—There is at present no Clinic devoted to this work. During the year, several children guilty of delinquencies or exhibiting abnormal conduct have been examined on the lines indicated by these Clinics. In these investigations, some attempt has been made to co-ordinate the work of the Social Worker and the Medical Officer.

SPECIAL ENQUIRY.

Incidence of Myopia in Secondary Schools.

Number of Children	...	...	...	2,100
Total with Myopia	...	...	...	176 = 8.4%
Simple Myopia	...	...	...	76%
Myopia with Astigmatism	...	...	...	24%

Age of Onset.

Under 11	...	40%
Over 11	...	60%

Sex Incidence.

		Girls.	Boys.
Total Myopes	...	...	8.4%
Age of onset under 11	...	...	41%
Age of onset over 11	...	...	59%
Total with hereditary influence	...	36%	37%

Relation of age of onset to degree of Myopia.

Of all Myopes wearing glasses of 4 D. or more :—
85% started at age of 10 or less.
15% started at age of 11 or more.

Heredity.

Total with Myopic parent or parents	...	37%
Of those with age of onset under 11	...	45%
Of those with age of onset over 11	...	55%

Incidence of Myopia in Elementary Schools.

Number of children	...	...	...	20,000
Total with Myopia	...	...	...	414 = 2%
Simple Myopia	...	...	...	54%
Myopia with Astigmatism	...	...	...	46%

Age of Onset.

Under 8	...	18%
8-10 group	...	72%
11-12 group	...	10%

Sex Incidence.

Girls	...	60%
Boys	...	40%

Individual Schools.

School.	Total Examined.	Myopic Children.	Myopia commencing under 11 years old.	Hereditary influence.
Parkfields Cedars ... (Girls)	513	7.80%	32.5%	37.6%
Central (Girls) ...	370	9.02%	50%	35.4%
Bemrose (Boys) ...	630	7.46%	42.5%	42.7%
Central (Boys) ...	325	7.94%	44.5%	21.8%
Derby (Boys) ...	260	9.60%	32%	46.2%

There are five schools in Derby doing Secondary work—three for boys and two for girls. Two of the schools, though classed as Central Schools, are definitely secondary in character, and have therefore been brought within the scope of this investigation. As a matter of interest, a summary is also given of the incidence of Myopia in the elementary schools. Too much stress cannot be laid on this comparison, however, as relatively few elementary school children are examined after the age of twelve, and to obtain an accurate percentage it would be necessary to examine the elementary school children at the ages from fourteen to sixteen. In this investigation the factors of nutrition, home conditions, and distinctions between scholarship children and fee payers were not considered. Nevertheless, the tables are suggestive, and the chief points observed may be stated as follows:—

- (1) The percentage of Myopes in the secondary schools is four times as great as that obtaining in the elementary schools.
- (2) The percentage of Myopes with astigmatism is much lower in the secondary schools—24% against 46%.

(3) The age of onset in secondary schools is late generally, 60% of all cases occurring later than eleven years of age against 10% in the elementary schools.

(4) The percentages of girls with Myopia is lower in the secondary schools—50% against 60% in the elementary schools.

In addition to these comparisons, the following points emerge :—

(1) The earlier the onset of this condition, the more likely it is to develop to a serious degree.

(2) Heredity evidently plays a considerable part in the predisposition to this condition, as the proportion—37%—is high.

Although it is now contested by some oculists that Myopia is caused largely by too much close work—reading, sewing, etc.—the above figures would appear to support the time-honoured view. This is strengthened by the fact that in the classed secondary schools 50% of the entrants, and in the central schools 100%, are scholarship children, so that, generally speaking, the secondary school pupils are of the student type, and therefore more addicted to reading than the others. That eyestrain is a factor might also be deduced by the large number of myopic children who exhibit astigmatism, a condition highly productive of strain. The fact, too, that in the elementary schools 60% of the children with Myopia were girls would also apparently indicate that close work is a definite factor. Educationists agree that, generally speaking, girls learn to read more quickly than boys and are more addicted to this occupation.

A consideration of all the facts, moreover, appears to give some support to the view that there are two distinct types of Myopes—the pathological and the educational. In the first type, which is so much predisposed to the condition that it requires very little strain to produce it, Myopia appears inevitable.

The second type, however, passes safely through the first stress of education, but is unable to counter the additional strain brought about by the demands of secondary education. This view is sup-

ported by the following aspects of myopic conditions in secondary schools :—

- (1) The increased proportion of Myopia over elementary schools.
- (2) The smaller proportion of astigmatism.
- (3) The later age of onset.
- (4) The smaller percentage of girls with Myopia.

If there are these two distinct types of Myopia, some modification in the style of life of the secondary school child might produce a diminution in the incidence of Myopia in these schools. This modification, however, should take place, if possible, before the child reaches the secondary school so that the gradual drift from Hypermetropia may be checked. The fact, too, that the earlier the age of onset the higher the final degree of Myopia, with the possibility of more serious consequences in later life, is an additional reason why these children should be watched, not only in their secondary school stages, but much earlier.

The question of heredity might be further investigated, not only from the pathological point of view, but also from the aspect of the type of recreation followed by the myopic parent. Children in many cases tend to be influenced by the hobbies of their parents, and have a bias in this direction whether these pursuits are of an athletic or sedentary character. It is possible, therefore, that the high percentage of children with hereditary tendencies might be thus explained.

If we conclude that Myopia is indeed a condition induced by ocular overstrain through too much close work, it can be viewed from two standpoints :—

- (1) That it is the inevitable price of our modern civilisation, and that the gain in culture is worth the penalty.
- (2) That the price is too high, and that some modification in the life and habits of the growing child should be attempted.

The latter view appears to be the only one that can be adopted by the School Medical Officer.

I consider, therefore, that these suggestions are worthy of attention :—

(a) Early Diagnosis—

- (1) By watching particularly children whose parents are myopic themselves.
- (2) By annual visual examination of all children.
- (3) By use of a $+ 1$ lens to detect early cases.

(b) Early Treatment—for both Astigmatism and Myopia.

For astigmatism, because the proportion of astigmatism in cases of Myopia is so high that eyestrain due to this condition should be diminished as soon and as much as possible.

For Myopia, because if this is not corrected the child will not find the same enjoyment in outdoor recreations, and will be induced to employ his leisure more in reading or other pursuits involving near vision, and thus increasing his degree of Myopia.

(c) General Treatment—by improving nutrition, illumination, etc.

(d) General Advice—to reduce the chances of overstrain by—

Attention to a posture so that the head is not held only a few inches from the book.

Proper use of illumination, back to the light, etc.

Discouragement of too much general reading or too much attention to arts and recreations involving close work, and the encouragement of outdoor pursuits.

The avoidance of very fine sewing and all books printed in small type or the lines too closely together.

Co-ordination of homework both in quantity and spacing.

Avoidance of continuous near vision work, *e.g.*, intervals of relaxation every half hour advised.

The abolition of front and lateral positions for children attending the cinema.

APPENDIX.

(PUBLIC ELEMENTARY SCHOOLS).

TABLE I.—RETURN OF MEDICAL INSPECTIONS.

A.—ROUTINE MEDICAL INSPECTIONS.

Number of Inspections in the prescribed Groups :—

Entrants	...	...	...	...	...	2433
Second Age Group	...	...	...	...	...	1971
Third Age Group	...	...	...	...	...	2121
						—
			Total	...	...	6525

Number of other Routine Inspections 1857

B.—OTHER INSPECTIONS.

Number of Special Inspections	...	...	...	...	6628
Number of Re-Inspections	...	...	...	...	17315
			Total	...	...
					23943

TABLE II.

**A. Return of Defects found by Medical Inspection in the year ended
31st December, 1934.**

Defect or Disease.	Routine Inspections		Special Inspections	
	Number of Defects		Number of Defects	
	Requiring treatment.	Requiring to be kept under observation, but not requiring treatment.	Requiring treatment.	Requiring to be kept under observation, but not requiring treatment.
Malnutrition	108	141	115	179
Skin ..	Ringworm—			
	Scalp	3	...	86
	Body	1	...	120
	Scabies .. .. ..	...	...	62
	Impetigo	14	...	1450
	Other Diseases(Non-Tuberculous)	53	4	1589
Eye ..	Blepharitis	13	5	221
	Conjunctivitis	11	...	222
	Keratitis	1	...	18
	Corneal Opacities	1	...	2
	Defective Vision (excluding Squint)	642	161	906
	Squint	129	68	176
	Other Conditions	7	1	330
Ear ..	Defective Hearing	17	13	68
	Otitis Media	52	17	390
	Other Ear Diseases	8	1	366
Nose and Throat	Chronic Tonsillitis only	112	858	114
	Adenoids only	15	24	39
	Chronic Tonsillitis and Adenoids	100	122	378
	Other Conditions	27	26	160
Enlarged Cervical Glands (Non-Tub.) ..		9	29	64
Defective Speech .. .. ..		...	34	3
Heart and Circulation	Heart Disease—			
	Organic	35	3	48
	Functional	103	450	212
	Anæmia	27	78	137
Lungs ..	Bronchitis	153	338	453
	Other Non-Tuberculous Diseases	7	43	18

TABLE II. A. (continued).

<i>Tuberculosis</i>	Pulmonary—			7	6	27	20
	Definite	..	..		
	Suspected	..	..	13	7	19	13
	Non-Pulmonary—						
	Glands	..	..		3	6	17
	Bones and Joints	..	..		..	4	18
	Skin	..	..		..	1	...
	Other Forms	..	..		..	..	1
<i>Nervous System</i>	Epilepsy			4	3	19	5
	Chorea			1	..	25	...
	Other Conditions			6	29	76	31
<i>Deformities</i>	Rickets			49	12	51	31
	Spinal Curvature			110	12	86	46
	Other Forms			48	19	128	38
Other Defects and Diseases			..	187	215	11668	323
Total			..	2343	2729	20090	2905

TABLE II.—B.

Number of individual children found at Routine Medical Inspection to Require Treatment (excluding uncleanliness and dental diseases).

Group.	Number of Children.	
	Inspected	Found to require treatment.
Prescribed Groups —		
Entrants	..	2433
Second Age Group	..	1971
Third Age Group	..	2121
Total (prescribed groups)	..	6525
Other routine inspections	1857	429
Grand Total ..	8382	1925

TABLE III.

Return of all Exceptional Children in the Area.

Number of children suffering from multiple defects					4*
<i>Blind Children—</i>	At Certified Schools for the Blind...	1			
	At Public Elementary Schools ...	—	1		
	At other Institutions ...	—			
	At no School or Institution ...	—			
<i>Partially Sighted Children—</i>	At Certified Schools for the Blind ...	—			
	At Certified Schools for the Partially Sighted	—			
	At Public Elementary Schools ...	—			
	At other Institutions ...	—			
	At no School or Institution ...	—			
<i>Deaf Children—</i>	At Certified Schools for the Deaf ...	21			
	At Public Elementary Schools ...	—	21		
	At other Institutions ...	—			
	At no School or Institution ...	—			
<i>Partially Deaf Children—</i>	At Certified Schools for the Deaf ...	—			
	At Certified Schools for the Partially Deaf	—			
	At Public Elementary Schools ...	—			
	At other Institutions ...	—			
	At no School or Institution ...	—			
<i>Mentally Defective Children—</i>	At Certified Schools for Mentally Defective Children	152			
<i>Feeble-minded children.</i>	At Public Elementary Schools ...	—	152		
	At other Institutions... ...	—			
	At no School or Institution ...	—			
<i>Epileptic Children—</i>	At Certified Special Schools ...	1			
<i>Children Suffering from severe epilepsy.</i>	At Public Elementary Schools ...	—	4		
	At other Institutions... ...	1			
	At no School or Institution ...	2			

TABLE III.—*continued.*

<i>Physically Defective Children.</i>			
A. Tuberculous Children—			
1—Children suffering from Pulmonary Tuberculosis. (Including pleura and intra-thoracic glands).	At Certified Special Schools... At Public Elementary Schools At other Institutions... At no School or Institution	8 49 2 12	71
2—Children suffering from Non-Pulmonary Tuberculosis.	At Certified Special Schools At Public Elementary Schools At other Institutions... At no School or Institution	7 9 6 6	28
B. <i>Delicate Children</i> —	At Certified Special Schools At Public Elementary Schools At other Institutions... At no School or Institution	— 231 — —	231
C. Crippled Children—	At Certified Special Schools At Public Elementary Schools At other Institutions... At no School or Institution	— 101 1 3	105
D. Children with Heart Disease—	At Certified Special Schools At Public Elementary Schools At other Institutions... At no School or Institution	— — 1 1	2
<i>*Multiple Defects</i> —			
Pulmonary Tuberculosis and Spina Bifida.	At Public Elementary School	1	
Pulmonary Tuberculosis and Feeble-minded.	At Certified School for Mentally Defective Children	1	
Scoliosis and Feeble-minded.	At Certified School for Mentally Defective Children	1	4
Talipes and Feeble-minded.	At Certified School for Mentally Defective Children	1	

TABLE IV.

Return of Defects treated during the year ended 31st December, 1934.

Treatment Table.

Group I.—Minor Ailments (excluding Uncleanliness, for which see Group VI).

Disease or Defect.	Number of Defects treated, or under treatment during the year.		
	Under the Authority's Scheme.	Otherwise.	Total.
Skin :—			
Ringworm Scalp—			
(i.) X-Ray Treatment
(ii.) Other "	85
Ringworm Body	121
Scabies	62
Impetigo	1454
Other Skin Disease	1577
Minor Eye Defects	778
(External and other, but excluding cases falling in Group II.)			
Minor Ear Defects	769
Miscellaneous	9825
(e.g., minor injuries, bruises, sores, chil-blains, etc.)			219
Total	14671
			393
			15064

Group II.—DEFECTIVE VISION AND SQUINT (excluding Minor Eye Defects Treated as Minor Ailments.—Group I.)

Defect or Disease.	Number of Defects dealt with.			Number of children for whom spectacles were			
	Under the Authority's Scheme.	Otherwise.	Total.	Prescribed.	Provided.	Under the Authority's Scheme.	Otherwise.
Errors of Refraction (including Squint)	1387	6	1393				
Other Defect or Disease of the eyes (excluding those recorded in Group I.)				1224	6	1039	5
Total	1387	6	1393				

GROUP III.

TREATMENT OF DEFECTS OF NOSE AND THROAT.

Number of Defects.

Received Operative Treatment.				Total.				Received other forms of treatment.	Total number treated.				
Under the Authority's Scheme, in Clinic or Hospital.	By Private Practitioner or Hospital, apart from the Authority's Scheme	(i)	(ii)	(iii)	(iv)	(i)	(ii)	(iii)	(iv)				
(i) 18	(ii) 11	(iii) 152	(iv) ...	(i) 34	(ii) 13	(iii) 181	(iv) 6	(i) 52	(ii) 24	(iii) 333	(iv) 6	191	606

(i) Tonsils only. (ii) Adenoids only. (iii) Tonsils and adenoids. (iv) Other defects of the nose and throat.

Group IV.—Orthopædic and Postural Defects.

	Under the Authority's Scheme.			Otherwise.			Total number treated.
	Residential treatment with education.	Residential treatment without education.	Non-residential treatment at an orthopaedic clinic.	Residential treatment with education.	Residential treatment without education.	Non-residential treatment at an orthopaedic clinic.	
Number of children treated	1	17	128	—	10	40	182

Group V.—Dental Defects.

(1) Number of children who were:—

(a) Inspected by the Dentist:

			Aged :				
				5 2267			
				6 1849			
				7 1888			
				8 2142			
				9 2055			
			Routine Age Groups	10 2161	Total	18590	
				11 1866			
				12 2014			
				13 2027			
				14 321			
	Specials	..	..	..	..	..	44
			Grand Total	..	..	..	18634
	(b) Found to require treatment			..	..	..	11370
	(c) Actually treated	..	..	..	..	..	7991
(2)	Half-days devoted to	..	{ Inspection 144		Total	1315	
			{ Treatment 1171				
(3)	Attendances made by children for treatment			..	..	..	9797
(4)	Fillings		{ Permanent Teeth 4640		Total	4667	
			{ Temporary Teeth 27				
(5)	Extractions		{ Permanent Teeth 2637		Total	14324	
			{ Temporary Teeth 11687				
(6)	Administrations of general anæsthetics for extractions			..		..	6376
(7)	Other operations		{ Permanent Teeth 84		Total	101	
			{ Temporary Teeth 17				

Group VI.—Uncleanliness and Verminous Conditions.

(i.)	Average number of visits per school made during the year by the School Nurses	..	..	..	..	..	4
(ii.)	Total number of examinations of children in the Schools by School Nurses	..	..	..	..	..	37701
(iii.)	Number of individual children found unclean	..	..	..	..	..	1106
(iv.)	Number of children cleansed under arrangements made by the Local Education Authority	..	..	..	..	..	Nil.
(v.)	Number of cases in which legal proceedings were taken:—						
	(a) Under the Education Act, 1921	..	..	..	..	..	Nil.
	(b) Under School Attendance Byelaws						Nil.

APPENDIX.

(SECONDARY SCHOOLS.)

TABLE I.

RETURN OF MEDICAL INSPECTIONS.

A.—Routine Medical Inspections.

Ages.	7	8	9	10	11	12	13	14	15	16	17	18	19	Totals.
Boys	7	16	16	31	95	157	164	201	113	67	15	11	..	893
Girls	..	..	..	19	78	102	104	120	74	22	9	5	1	534
Totals	7	16	16	50	173	259	268	321	187	89	24	16	1	1427

B.—Other Inspections.

Number of Special Inspections	...	...	51
Number of Re-inspections	...	...	565
Total	...	...	616

TABLE II.

A. Return of Defects found by Medical Inspection in the year ended 31st December, 1934.

Defect or Disease.	Routine Inspections		Special Inspections.	
	Number of Defects		Number of Defects	Number of Defects
	Requiring treatment.	Requiring to be kept under observation but not requiring treatment.		
Malnutrition	1	2	..	1
Skin .. { Ringworm— Scalp Body Scabies Impetigo Other Diseases (Non-Tuberculous) 3	..	..	..	..
	2	..	..	..
	..	..	1	..
	1	..	1	..
	3	..	2	1
Eye .. { Blepharitis Conjunctivitis Keratitis Corneal Opacities Defective Vision (excluding Squint) Squint Other Conditions	2	..	..	..
	..	..	1	..
	..	..	2	..

	151	19	75	17
	1	..	4	..
Ear .. { Defective Hearing Otitis Media Other Ear Diseases	1	..	3	..
	1	2	..	..
	5	1	2	1
Nose and Throat .. { Chronic Tonsillitis only Adenoids only Chronic Tonsillitis & Adenoids Other Conditions	5	10	2	21

	1	2	1	5
	2	2	4	1
Enlarged Cervical Glands (Non-Tub.) ..	1	..	1	3
Defective Speech	1	1	..	..
Heart and Circulation .. { Heart Disease— Organic Functional Anæmia	6	..	..	..
	26	15	12	12
	6	3	..	2
Lungs .. { Bronchitis Other Non-Tuberculous Diseases 5	1	3	3	1
	5	..	..	1

TABLE II. A. (continued).

<i>Tuberculosis</i>	Pulmonary—						
	Definite ..	..	..	..	..	..	..
	Suspected ..	..	..	..	1	1	1
	Non-Pulmonary—						
	Glands ..	..	..	1	..	..	1
<i>Nervous System</i>	Bones and Joints ..	..	..	1	..	..	..
	Skin ..	..	..	..	..	..	..
	Other Forms ..	..	..	..	..	..	..
	Epilepsy ..	..	..	..	..	..	..
<i>Deformities</i>	Chorea ..	..	..	1	1	..	..
	Other Conditions ..	..	..	1	1	..	1
	Rickets ..	..	..	..	..	..	..
<i>Other Defects and Diseases</i>	Spinal Curvature ..	..	..	66	16	48	15
	Other Forms ..	..	..	15	10	32	13
	..	..	..	29	25	21	11
TOTALS		...	...	675	114	217	108

B.—Number of Individual Children found at Routine Medical Inspection to require Treatment (excluding uncleanliness and Dental Diseases).

Number of Children.

Inspected.	Found to require treatment.
1427	291

TABLE IV.

**Return of Defects Treated during the Year ended 31st December,
1934.**

Treatment Table.

Group I.—Minor Ailments.

Disease or Defect.	Number of Defects treated, or under treatment during the year		
	Under the Authority's Scheme.	Otherwise.	Total.
Skin :—Ringworm Scalp .. .. ..	..	..	..
(i.) X-Ray Treatment .. .. ..	..	..	..
(ii.) Other Treatment .. .. ..	..	..	..
Ringworm Body .. .. ..	..	..	..
Scabies	1	..	1
Impetigo	2	..	2
Other Skin Disease	2	..	2
Minor Eye Defects	6	1	7
(External and other, but excluding cases falling in Group II.)			
Minor Ear Defects	1	6	7
Miscellaneous	13	..	13
(e.g. minor injuries, bruises, sores, chil-blains, etc.)			
Total	25	7	32

Group II.—Defective Vision and Squint (excluding Minor Eye Defects treated as Minor Ailments—Group I.).

Defect or Disease.	Number of Defects dealt with.			Number of children for whom spectacles were		
	Under the Authority's Scheme.	Otherwise	Total.	Under the Authority's Scheme.	Prescribed.	Obtained.
Errors of Refraction (including Squint)	78	..	78	74	—	73
Other Defect or Disease of the Eyes (excluding those recorded in Group I.)						
Total	78	..	78			

Group III.—Treatment of Defects of Nose and Throat.

Number of Defects.														
Received Operative Treatment.														
Under the Authority's Scheme, in Clinic or Hospital.		By Private Practitioner or Hospital, apart from the Authority's Scheme				Total.				Received other forms of treatment.		Total number treated.		
(i) 1	—	(ii) —	(iii) —	(iv) —	(i) 1	(ii) —	(iii) 1	(iv) —	(i) 2	(ii) —	(iii) 1	(iv) —	4	7
(i) Tonsils only. (ii) Adenoids only. (iii) Tonsils and Adenoids. (iv) Other defects of the nose and throat.														

(i) Tonsils only. (ii) Adenoids only. (iii) Tonsils and Adenoids.
(iv) Other defects of the nose and throat.

Group IV.—Orthopædic and Postural Defects.

	Under the Authority's Scheme.			Otherwise.			Total number treated
	Residential treatment with education	Residential treatment without education	Non-residential treatment at an Orthopædic Clinic	Residential treatment with education	Residential treatment without education	Non-residential treatment at an Orthopædic Clinic	
No. of children treated	—	2	13	—	—	—	13

Group V.—Dental Defects.

(1) Number of Children who were:—

(a) Inspected by the Dentist:

Routine	Age Groups	..	..	..	Nil.
Specials	..	..	..	..	242

(b) Found to require treatment 242

(c) Actually treated 242

(2) Half-days devoted to	Inspection	—	Total	..	—
	Treatment	—			

(3) Attendances made by children for treatment 555

(4) Fillings	Permanent Teeth	451	Total	..	453
	Temporary Teeth	2			

(5) Extractions	Permanent Teeth	182	Total	..	264
	Temporary Teeth	82			

(6) Administrations of general anaesthetics for extractions .. 166

(7) Other operations	Permanent teeth	7	Total	..	7
	Temporary teeth	—			

iv.--INFECTIOUS DISEASES.

INCLUDING REPORTS BY

DR. HAIGH, Assistant Medical Officer of Health ;

AND

DR. RICHARDS, Venereal Diseases Medical Officer.

COMMUNICABLE DISEASES.

During the year 1934 the Department has been kept busy; peaks have occurred on the epidemic curves of measles, whooping cough, and chicken pox, scarlet fever has increased, and diphtheria, whilst remaining about stationary as to numbers, has attacked more persons past school age, and in the latter part of the year a more invasive and dangerous type has occurred, in all respects similar to the epidemic which has been so serious in the West Riding of Yorkshire.

It was not an influenza year; there has been no case of typhoid and no smallpox, the mild variety of which seems to have burnt itself out in the country, after lingering in the Metropolitan area.

Over and above the administrative control and constant personal touch with Head Teachers where epidemic problems presented themselves, there have been the daily calls from parents or from School lists for diagnosis of suspected infection and repeated demands for a second opinion from Medical Practitioners. Advice has also been sought on several occasions where infection has occurred in the Wards of the Children's Hospital.

Home Nursing.

Trained nursing assistance for cases of Pneumonia was provided in 20 instances, 17 of which recovered. For certain other cases the Works Welfare nurses were in attendance. Similar help was provided by the Corporation for 28 cases of Measles.

Scarlet Fever.

Following its usual periodicity, Scarlet Fever was more prevalent than in 1933, but remained mild in character, and there were no deaths. The diagnosis is often exceptionally difficult, and many cases not recognised at the onset resulted in others contracting the disease in the home. There is no doubt that many adults and young persons suffer from tonsillitis without a recognised skin rash who are infectious, and may transmit Scarlet Fever to the very susceptible. Apart from this, where cases have been nursed at home, isolation has been satisfactory. In order to reduce the great loss of school time for other children in such infected homes we have instituted a modification, and now allow older children, pro-

viding the circumstances are satisfactory, to return to school after about ten days of exclusion.

Convalescents returning from the Isolation Hospital have been the reputed source of "return cases" in six instances. One girl who had previously suffered from Scarlet Fever developed a sore throat and doubtful rash, and was surmised as having infected a young sister and a neighbour's infant which she had nursed; she was removed to Hospital for observation. Discharged on the 35th day, she infected three other younger children at home within a fortnight.

Diphtheria.

During the year there has been an increase of membranous sore throats in adolescents and adults; some have turned out to be suffering from Vincent's Angina, but nearly 50 from true Diphtheria, many very seriously.

These cases seemed to be more prevalent in two sectors of the Borough, and in one area were associated with a particularly virulent form occurring in young children from August onwards. Dr. Taylor refers to this type in his report on the work of the Isolation Hospital. The popularity of the Cinema and the known crowding therein at the week-end, including children's matinees on Saturday, may be the real explanation of this spread.

Some of these virulent cases occurred in the infants' departments of two neighbouring schools, four young children dying within short periods of each other, and the epidemic caused great perturbation in the district, but enabled the claims of immunisation to be vigorously pressed. The same type continued in the same area into 1935 with further deaths.

Dropping cases of diphtheria amongst laundry workers also produced a problem during the year, which was solved by the employers reporting all cases of absence from sore throat and tonsillitis, and suitable information was passed on to their Panel Doctors.

The responsibility of dealing with this dangerous and often fatal disease does not lessen, and with the proved presence of a highly-virulent strain in our midst calls for the utmost vigilance on the

part of parents and doctors and this Department. Happily, fewer tragedies have occurred through neglect.

DIPHTHERIA "CARRIERS."

The bacteriological examination of swabs from the throat and nose provides valuable information as to those individuals who may be "carriers" of infection, but who are not ill. Such a state may be quite temporary, and a second swab at a later date may show that the organism has been cleared away by natural processes. Cases frequently occur of children with sore noses, and localised diphtheria may be suspected. For years we have had to accept a positive finding as evidence that diphtheria was present and might be dangerous to others. The Laboratory has recently undertaken the further differential examination of cultures, and will make a report, when desired, whether, in fact, true Diphtheria is present, or some member of a large group of organisms which appear very like Diphtheria but are really harmless. These are called Diphtheroids. Should the latter only occur, a few days of local treatment will clear up the nose, and weeks of useless isolation and exclusion from school be saved. This method is a real economy, as it is never necessary to administer expensive antitoxin.

Whooping Cough.

An epidemic which declared itself in several Infants' Schools after the Summer Vacation of 1933 continued to spread during the first six months of 1934. Whilst all cases are not known, we obtain a fairly comprehensive idea of the distribution from Head Teachers, cases found by Health Visitors and School Nurses, and reports from the School Attendance Officer.

We have a working arrangement with the House Physician of the Children's Hospital, who reports the attendance of any case at the Out-Patient Department. The number of known cases was 594, chiefly in the first quarter, with a peak in mid-January; all have been visited on several occasions by Health Visitors, and a greater number than ever (44) have been removed to the Isolation Hospital. There were five deaths.

To achieve the best results in this serious disease, complete co-operation of Departments is necessary; all severe cases discharged

from Hospital have been re-visited, those cases which may need further treatment—if scholars—are referred to the School Medical Department, and younger children are re-visited by Health Visitors and the parents persuaded to bring them to Welfare Centres or Toddlers' Clinics. Finally, the Medical Officers concerned utilize the Light Clinic, with excellent results. Whatever the specific effect of exposure to the Tungsten or Carbon arc, whether general tonic or more direct on enlarged tracheo-bronchial glands, the health of these children is rapidly re-established.

Measles.

The periodicity of Measles enables one to forecast coming events, and with serious epidemics occurring in other parts of the country this disease was expected to appear early in the year.

Because of the prevalence of Whooping Cough, such an event was most undesirable, and every effort was made to prevent the spread from the few imported cases until conditions of climate and Public Health were more propitious. We were, happily, able to achieve this until infection appeared in certain schools at the end of April—after which, the state of immunity amongst the child population being very low, an epidemic could not be prevented.

In Derby, an epidemic of Measles is an entity—its beginning is known, Compulsory Notification being in force, the public are generally aware of their duties in this respect, and Head Teachers rapidly report on the information they receive. Its course can be watched, and it will come to an end. The School vacations always leave matters uncertain owing to transfer of infection to new areas of the Borough. Thus, after localisation to certain School areas in July, notifications were moderate until September, after which the Department was exceptionally busy, the peak being reached in December, during which month the remaining Schools were attacked, so continuing the epidemic in new areas well into 1935.

The incidence was exceptionally heavy on Nursery Schools and classes, and with the type being rather severe, the greatest efforts were made to utilize the Isolation Hospital for the treatment of young children from poorer or crowded homes. In consequence, the calls for nursing in the Home were greatly reduced, nurses being provided for 28 cases, all of whom recovered.

The epidemic affected 4,180 children, of whom 398 were removed to Hospital, (350 in 1934 and 48 in 1935), and finally subsided in March, 1935. Sixteen children died, a very satisfactory figure if one compares the number of deaths which used to occur early in the century.

The same methods of following up convalescents and discharges from Hospital obtained as with Whooping Cough, and as full use as possible has been made of the single Light Clinic, whilst the School Medical Service dealt with Wright Street Nursery children in their own School. Such an epidemic could not have been managed smoothly without the most admirable work of the Health Visitors, who were kept at full pressure in so far as the Transport service allowed. It is during an epidemic of such dimensions that one learns how greatly extended Derby has become and how invaluable is rapid automobile transport for adequate control.

Notifiable Diseases during the Year.

DISEASE.	Total Cases Notified	Cases admitted to Hospitals	Total Deaths.
Smallpox	...	...	...
Diphtheria	...	188	8
Scarlet Fever	381	255	...
Enteric Fever (including Paratyphoid)	...	...	...
Puerperal Fever	12	12	4
Puerperal Pyrexia	32	26	2
Pneumonia	143	85	51
Erysipelas	93	52	10
Cerebro-Spinal Fever	1	1	1
Continued Fever	...	...	...
Poliomyelitis	1	1	...
Encephalitis Lethargica	...	...	...
Polio-Encephalitis	...	...	...
Malaria	1	...	...
Ophthalmia Neonatorum	38	14	...
Measles and German Measles	3703	354	13
Chicken Pox	1035	39	...
Dysentery	...	...	...
Whooping Cough	576	44	5
Tuberculosis—			
Pulmonary	90	137	58
	49	65	33
	139	202	91
Non- Pulmonary	18	22	3
	12	24	3
	30	46	6

NOTIFIABLE DISEASE.	At Ages—Years.										Total Cases Notified in Each Ward.																					
	At all ages	Under 1.	1-2	2-3	3-4	4-5	5-10	10-15	15-20	20-35	35-45	45-55	55 and upwards.	Abbey.	Alvaston.	Arboretum.	Babington.	Beecket.	Bridgę.	Castle.	Dale.	Dewrent.	Friar Gate.	Kings Mead.	Litchurch.	Normanton.	Osbaston.	Peartree.	Rowditch.	Non-Residents.	Total Cases re-moved to Hospital.	
Smallpox				
Cholera				
Diphtheria (including Membranous Croup)	...	227	5	6	10	15	19	68	57	16	24	4	2	1	24	18	8	6	4	12	22	3	10	14	40	11	9	22	7	15	2188	
Erysipelas	...	93	...	1	2	2	2	11	17	36	20	5	7	5	7	8	3	5	6	5	4	5	9	4	6	3	41	...		
Scarlet Fever	...	380	2	7	19	19	38	191	54	16	32	2	...	26	47	22	26	23	9	8	12	17	51	13	14	16	47	21	26	255		
Typhus Fever			
Enteric Fever			
Relapsing Fever			
Continued Fever			
Puerperal Fever	...	12	10	2	29	3	1	1	3	1	2	...	1	3	...	1	1	3	...	6	...	
Puerperal Pyrexia	...	32	1	13	...	
Cerebro-Spinal Fever	...	1	...	1		
Poliomyelitis	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Acute Polio-Encephalitis			
Acute Encephalitis Lethargica	143	2	3	3	5	3	22	10	10	30	22	28	5	9	12	4	7	4	8	14	4	8	7	10	7	13	19	11	6	1
Pneumonia	1	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Malaria			
Dysentery			
Pulmonary Tuberculosis	...	139	1	...	1	1	13	9	7	54	22	29	4	12	11	5	8	6	6	13	4	5	10	9	10	8	14	9	9	145
Other forms of Tuberculosis	...	30	13	5	3	7	1	3	1	3	2	1	3	...	4	3	4	5	5	6	...	6	...
Ophthalmia Neonatorum	...	38	38	3	3	3	4	1	1	6	1	1	1	1	1	1	1	1	4	2
Measles and German Measles	...	3701	139	277	427	455	615	1711	59	10	8	232	363	165	137	137	68	281	112	126	301	334	212	192	561	199	209	12350	
*Chicken-pox	...	1035	39	60	77	94	96	603	55	8	3	43	39	38	11	16	51	103	34	33	25	92	29	240	147	108	25	1	39
*Whooping Cough	...	576	61	68	64	74	81	224	4	16	109	28	16	31	13	37	9	16	25	19	36	56	115	38	11	1	44
Totals	...	6409	287	422	603	663	853	2847	255	72	210	70	97	30	372	613	279	226	234	172	492	187	224	450	589	326	550	942	399	311	431069	

* Not compulsorily notifiable.

BACTERIOLOGICAL, etc., EXAMINATIONS.

The following is a summary of examinations made during the year 1934 :—

BOROUGH LABORATORY (Isolation Hospital).

Swabs for Diphtheria	...	...	...	...	8,259
Swabs for Vincents Angina	...	...	...	...	23
Sputa by ordinary method	...	...	...	...	2,510
Sputa by E and E method	...	...	...	...	601
Others	...	...	...	...	204
					—
					11,597

COUNTY LABORATORY—

Urine Specimens	...	...	...	...	...	11
Eye Cultures	...	...	...	...	...	18
Blood for Widal's Reaction	...	...	...	...	...	8
Others	...	...	...	...	...	40
						—
						77
						—
						11,674
						—

Summary of Cases of Infectious Disease notified in each Quarter during 1934.

Quarters.	Totals	Scar-let Fever.	Diph-theria including Mem-branous Croup.	En-teric Fever	S <small>ma</small> ll Pox.	Erysipelas.	Puer-perial Fever	Cerebral Pyrexia.	Cerebro Spinal Pyrexia.	Encephalitis.	Acute Polio-n'm'litis.	Cerebral Fever.	Continued Fever.	Encephalitis.	Pneumonia.	Malaria.	Chicken Pox.	Dysentery.	Measles and German Measles	Oph-thalmia Neon-a-torum	Other Tuber-culous Diseases	Pulmon-ary Tuber-culosis.	Measles and German Measles	Whooping Cough.	117
First ..	1033	...	105	58	...	28	4	9	...	...	...	...	...	...	46	...	376	...	29	7	13	24	334		
Second ..	1244	...	94	45	...	22	...	3	1	...	...	...	...	...	40	1	510	...	31	5	8	310	174		
Third ..	1428	...	91	48	...	19	5	6	...	...	...	...	...	...	24	...	104	...	30	7	4	1065	25		
Fourth ..	2704	...	90	76	...	24	3	14	...	1	...	...	...	...	33	...	45	...	49	11	13	2302	43		
Year ..	6409	...	380	227	...	93	12	32	1	1	...	...	...	...	143	1	1035	...	139	30	38	3701	576		
Deaths Regist'd in 1934	191	...	...	8	...	10	4	2	1	...	...	...	...	...	51	...	...	...	91	6	...	13	5		

Particulars of Action taken with the Infectious Disease Cases.

OPHTHALMIA NEONATORUM.

Cases notified	38
----------------	-----	-----	-----	-----	-----	-----	----

20 of the cases were males and 18 females.

Cases.			Vision unim- paired.	Vision im- paired.	Total Blind- ness.	Deaths.
Notified.	Treated.	At Home.				
		In Boro' Hospitals				
38	*26	†12	38	...	...	...

* Included in this number are 3 cases treated at the Nightingale Nursing Home, 3 at the Children's Hospital, and 5 at the Derbyshire Royal Infirmary as Out-patients.

† In-patients of City Hospital (6), Derbyshire Royal Infirmary (4), Women's Hospital (2).

The number of cases notified was 9 more than in 1933.

Vaccination of Infants during 1934.

Total number of births...	...	...	...	...	...	2,556
Children under 12 months died un-vaccinated					...	122
Insusceptible	...	...	...	...	...	4
Postponed...	...	...	...	...	...	30
Successful	...	...	...	...	...	184
Conscientious objection certificates	...	...	...	...	...	2,025

Disinfection and Disinfestation.

The following summary shows particulars of disinfections and disinfestations carried out during the year :—

AFTER INFECTIOUS DISEASES.

Rooms Disinfected	...	...	...	...	...	530
Clothing (Midwives), etc. (instances)	...	...	...	...	...	20

**OTHERS (including Cancer, Verminous conditions, etc.,
Disinfection only carried out by request).**

Rooms Disinfected	...	...	...	...	...	24
Bedding, Clothing, etc. (instances)	...	...	...	...	...	14

In addition, all library books from infected houses are brought to the Health Office for disinfection, and are returned to the Public and other Libraries after this has been carried out.

DIPHTHERIA PROPHYLAXIS.

Whilst the prompt administration of the specific antitoxin in adequate amount remains the only effective method of preventing mortality from Diphtheria, methods of pre-munisation are now established practice for the protection of those susceptibles who may be exposed to infection. In urban communities, where children tend more and more to crowd in Day or Sunday School and at Picture Houses, the risk of exposure is considerable, and especially so in the autumn and winter.

The importance of a free insurance against this grave infection cannot be too widely known ; we are able to record that more interest is being taken, and one hears far less of the father who " doesn't believe in it." Parents are now openly advising their friends that protection seems to be harmless, and quoting cases of immunised children who have been exposed to infection and have escaped.

The general practitioners are much more interested, there have been more calls for material for use in private practice, and many more children have been sent to me by their private doctors.

The personal letter offering immunisation, sent to parents of young children who have been removed to the Isolation Hospital suffering from Scarlet Fever, has led to far better response during the past year.

Meetings for parents in the Infants' Schools have been held occasionally, but the pressure of other work has curtailed the number, nor has it been possible to do much Schick control during the year. Invaluable help has been given by the Head Mistresses of certain Infants' Departments, who continue to bring this to the notice of the parents of children entering upon school life, and one can now affirm that Diphtheria is never likely to spread in certain schools.

Diphtheria in "Immunised" Children.

No certificates are given stating that a child will not acquire Diphtheria, nor is an absolute verbal assurance, unless a confirmatory skin test has given evidence of immunity to the Schick

negative level. It cannot be expected that odd cases will not occur amongst an increasing number of children who have had three doses of the prophylactic, but such will be much less severe and rarely dangerous.

Our experience continues to be most satisfactory ; during 1934, three children were reported as suffering from Diphtheria—two turned out to be simple tonsillitis, one being bacteriologically negative, and the second contaminated with an organism which was proved to be a diphtheroid. **One** only—a girl aged 6, who had received 2·5 c.c. T.A.F., completed in March, and had not been Schicked—had a moderately severe attack of Diphtheria in September, recovering without complications. This case occurred at a period when a highly-invasive type of organism began to be noted in the town, but her particular infection was not typed.

The Railway Servants' Orphanage, where all children have been protected, but not Schicked, since April, 1930, had one case during 1934, but in a child who was a new-comer and had only received her first dose of prophylactic. No other cases occurred in the Home.

Immunisation Clinics.

Commencing in September, 1931, Immunisation Clinics have been held at the Health Office, the Nightingale School Clinic, and where sufficient children offer, in the Elementary Schools. Children of nine years and upwards are submitted to the Schick Test at the outset, whereas younger children are immunised at once. Three doses of toxoid anti-toxin suspension (T.A.F.) are given, after which most children will be fully protected in from four to six months. The administration has been done in doses of 0·5 c.c., 1·0 c.c., and 1·0 c.c. at fortnightly intervals. Towards the end of the year, supplies of T.A.F. were very difficult to obtain owing to an unprecedented demand throughout the whole country, and one had recourse first to smaller doses spread over four injections, or, later, the use of Formal Toxoid for younger children. Whilst considered to have very high immunising value, F.T. is more likely to give uncomfortable local reactions, for which parents demand explanation or occasionally raise objections.

DIPHTHERIA PROPHYLAXIS, 1934.**Use of Schick Test.**

			<i>Non-reactors.</i>	<i>Reactors.</i>	
Tested ...	...	...	18	9	9
Re-tested after previous inoculation ...	...	...	37	35	2 { very slight positive.
Elementary School Teachers			6	3	3

Administration of Prophylactic.

	<i>Under 5 years.</i>	<i>5—15 years.</i>	<i>Total.</i>
Schick reactors	—	9
Inoculated without test	...	176*	228*
Inoculated at Isolation Hospital whilst recovering from Scarlet Fever	...	28	58
			86
			499

* 10 failed to complete the course.

Clinics, 1934.

These were held at the Central Office, at one Toddlers' Centre, and at various Elementary Schools, by appointment.

Number of Sessions ...	...	...	...	...	...	118
First attendance of cases	...	...	...	...	...	422
Total number of attendances	...	...	...	...	...	1,334
Average attendance per session	...	...	...	...	...	11

Antitoxin.

Antitoxin was supplied gratuitously, as in previous years, to the medical men practising in Derby. During 1934, the following amounts were supplied :—

15 phials containing 2,000 units each.

20	„	„	4,000	„
273	„	„	8,000	„

VENEREAL DISEASES.

FORM V.D. (R). (Revised).

RETURN relating to all persons who were treated at the Treatment Centre at Royal Infirmary, Derby, during the year ended 31st December, 1934.

	Syphilis		Soft Chancre		Gonorrhœa		Conditions other than Venereal.		TOTAL.		TOTALS	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.		
Number of cases on 1st January under treatment or observation ...	276	137	2	1	161	92	47	38	486	268	754	
Number of cases removed from the register during any previous year which returned during the year under report for treatment or observation of the same infection ...	9	6	—	—	4	3	—	—	13	9	22	
Number of cases dealt with for the first time during the year under report (exclusive of cases under Item 4) suffering from :—												
Syphilis, primary	19	3	—	—	—	—	—	—	—	19	3	22
" secondary	59	43	—	—	—	—	—	—	—	59	43	102
" latent in 1st year of infection	3	2	—	—	—	—	—	—	—	3	2	5
" all later stages	20	14	—	—	—	—	—	—	—	20	14	34
" congenital	7	6	—	—	—	—	—	—	—	7	6	13
Soft Chancre	—	—	6	—	—	—	—	—	—	6	—	6
Gonorrhœa—												
1st year of infection ...	—	—	—	—	224	52	—	—	224	52	276	
later	—	—	—	—	4	2	—	—	—	4	2	6
Conditions other than venereal...	—	—	—	—	—	—	224	53	224	53	277	
Number of cases dealt with for the first time during the year under report known to have received treatment at other Centres for the same infection	9	5	—	—	28	4	—	—	37	9	46	
TOTALS OF ITEMS 1, 2, 3 AND 4 ...	402	216	8	1	421	153	271	91	1102	461	1563	
Number of cases discharged after completion of treatment and final tests of cure (see Item 15) ...	43	8	4	—	148	31	218	59	413	98	511	
Number of cases which ceased to attend before completion of treatment and were, on first attendance, suffering from :—												
Syphilis, primary	10	3	—	—	—	—	—	—	—	10	3	13
" secondary	33	7	—	—	—	—	—	—	—	33	7	40
" latent in 1st year of infection	1	3	—	—	—	—	—	—	—	1	3	4
" all later stages	19	5	—	—	—	—	—	—	—	19	5	24
" congenital	6	6	—	—	—	—	—	—	—	6	6	12
Soft Chancre	—	—	—	—	—	—	—	—	—	—	—	—
Gonorrhœa—												
1st year of infection ...	—	—	—	—	23	20	—	—	23	20	43	
later	—	—	—	—	1	4	—	—	1	4	5	
Number of cases which ceased to attend after completion of treatment, but before final tests of cure (see Item 15)	16	6	—	—	3	6	—	—	19	12	31	
Number of cases transferred to other centres or to institutions, or to care of private practitioners...	22	7	—	1	52	9	—	—	74	17	91	
Number of cases remaining under treatment or observation on 31st December	252	171	4	—	194	83	53	32	503	286	789	
TOTALS OF ITEMS 5, 6, 7, 8 AND 9 These totals should agree with those of Items 1, 2, 3 and 4)	402	216	8	1	421	153	271	91	1102	461	1563	

FORM V.D. (R).—*continued.*

	Syphilis.		Soft Chancr.		Gonorrhœa		Conditions other than Venereal.		TOTAL.		TOTALS.
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
10 Number of cases in the following stages of syphilis included in Item 6 which failed to complete one course of treatment :—											
Syphilis, primary	3	2	—	—	—	—	—	—	3	2	5
,, secondary	17	5	—	—	—	—	—	—	17	5	22
,, latent in 1st year of infection ...	—	1	—	—	—	—	—	—	—	1	1
,, all later stages ...	2	2	—	—	—	—	—	—	2	2	4
,, congenital	2	1	—	—	—	—	—	—	2	1	3
11 Number of attendances :—											
(a) for individual attention of the Medical Officers	4265	2811	32	8	4395	719	818	91	9510	3629	13139
(b) for intermediate treatment, e.g., irrigation, dressing ...	387	2	34	—	14065	2198	968	—	15454	2200	17654
TOTAL ATTENDANCES ...	4652	2813	66	8	18460	2917	1786	91	24964	5829	30793
12 In-patients :—											
(a) Total number of persons admitted for treatment during the year	5	3	1	—	8	5	3	—	17	8	25
(b) Aggregate number of "in-patient days" of treatment given	120	125	8	—	63	111	34	—	225	236	461
			Under 1 year		1 and under 5 years		5 and under 15 years		15 years and over		Totals.
13 Number of cases of congenital syphilis in Item 3 above classified according to age periods	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
	1	—	1	2	2	—	3	4	7	6	

	Arsenobenzene Compounds	Mercury	Bismuth		
14 Chief preparations used in treatment of Syphilis :— (a) Names of preparations ...	Novarsenobillon Novostab Myosalvarsan and Sulfarsenol	Pills & Tabs. Hg. c cret. grs. 1 & grs. $\frac{1}{4}$	Neo-Cardyl		
(b) Total number of injections given (out-patients and in-patients)	2595	—	2820		
15 Are the tests recommended in Memo. V ²¹ as amended by Memo. V ^{21A} followed in deciding as to the discharge of the patient after treatment and observation for syphilis and gonorrhœa ? ... If not, in what way are they modified ?	Yes, with the exception of the Complement Fixation test and microscopic examination of urine deposit in Gonorrhœa.				
16 Pathological Work :— (a) Number of specimens examined at and by the medical officer of the treatment centre ... (b) Number of specimens from patients attending at the centre sent for examination to an approved laboratory ...	Microscopical				
	for spiro-chetes	for gonococci	Wasser man	Others for Syphilis	for Gonorrhœa
	109	1504	—	—	—
	—	—	1400	4	16

Statement showing the services rendered at the Treatment Centre during the year, classified according to the areas in which the patients resided.

Name of County or County Borough (or Country in the case of persons residing elsewhere than in England and Wales) to be inserted in these headings.	Derby Borough.	Derby County.	Staffs. County	Leicester County.	Nottingham Borough.	Notts. County.	Walsall Borough.	Total.
A. Number of cases in Items 3 and 4 from each area found to be suffering from :—								
Syphilis	113	74	—	2	—	1	—	190
Soft Chancere	1	5	—	—	—	—	—	6
Gonorrhœa	214	97	3	—	—	—	—	314
Conditions other than venereal	175	94	3	2	—	3	—	277
TOTAL	503	270	6	4	—	4	—	787
B. Total number of attendances of all patients residing in each area	21992	8118	219	195	—	40	229	30793
C. Aggregate number of "In-patient days" of all patients residing in each area	179	282	—	—	—	—	—	461
D. Number of doses of arsenobenzene compounds given in the out-patient Clinic and In-patient Department to patients residing in each area	1577	967	18	19	—	14	—	2595

28th January, 1935.

(Signed) H. R. MORGAN RICHARDS,
M.O. i/c V.D. Clinic.

V.--TUBERCULOSIS.

REPORT BY

DR. W. H. WRAY, Tuberculosis Medical Officer.

1934. Notifications of Pulmonary Tuberculosis	139
,, of Non-Pulmonary Tuberculosis	30
	—
	169
	—

Increase over the number in 1933—

Pulmonary Tuberculosis	3
Non-Pulmonary Tuberculosis	9
	—
	12
	—

The Non-Pulmonary cases notified in 1934 consisted of :—

Tuberculous Meningitis ... 3	Tuberculous Spine & Ankle 1
Tuberculous Cervical Glds. 5	Tuberculous Peritonitis 3
Tuberculous Spine ... 10	Tuberculous Skin ... 1
Tuberculous Hip ... 4	Miliary Tuberculosis ... 1
Tuberculous Knee Joint ... 2	

Deaths from Pulmonary Tuberculosis in 1934	91
Deaths from Non-Pulmonary Tuberculosis in 1934	6
	—
	97
	—

Decrease on the number in 1933 ... 15.

The six deaths from Non-Pulmonary Tuberculosis in 1934 were certified as being due to :—

Tuberculous Meningitis	2 instances.
,, Spine	1 ,,
,, Hip Joint	1 ,,
Miliary Tuberculosis	1 ,,
Lupus of Face	1 ,,

The number of deaths is the lowest recorded since 1927, when there were 96 deaths.

7·7% of the deaths from Pulmonary Tuberculosis occurred previous to notification. 66·6% of the deaths of the Non-Pulmonary Tuberculosis cases (4 of the total 6) occurred previous to notification. 71·4% of the deaths from Pulmonary Tuberculosis occurred within two years of notification (including those not notified previous to death).

It is worthy of note that in 58 of the 139 cases of Pulmonary Tuberculosis notified in 1934 (41.7%), and in 16 of the 30 Non-Pulmonary cases (53.3%), there was a family history of Tuberculosis.

The number of visits to the houses of the patients paid by the nurses was 2,636.

In the homes of 22 of the notified cases (13%) there were two or more families ; the percentage in 1925 was 16.5 and in 1928 9.2.

42.1% of the patients notified had completely separate sleeping accommodation ; the percentage in 1925 was 31.7 and in 1928 was 36.9.

Tuberculosis Clinic.

Number of Clinics held...	...	...	408
Total number of Attendances...	...	...	5,377
Number of new Patients examined	...	...	608
Number of Contacts examined	...	...	327

Seven of the contacts were found to be suffering from active Tuberculosis.

Open-air shelters were loaned to 13 patients during the year.

Ancillary treatment, in the form of a daily supply of milk, was granted to 24 patients during the year.

Disinfections, etc.

During the year 1934, 217 houses were disinfected after death or removal of tuberculous patients. 1,013 bottles of disinfectant fluid and 915 supplies of paper handkerchiefs were given out from the Tuberculosis Clinic.

School Children.

The number of school children examined (379) includes observation cases and contacts.

Number of school children notified in 1934	...	39
Pulmonary Tuberculosis	...	20
Other forms of Tuberculosis	...	19

The Non-Pulmonary cases were notified as :—

Tuberculosis of Spine ...	... 5	Tuberculous Meningitis ...	2
Tuberculosis of Hip ...	... 3	Miliary Tuberculosis...	1
Tuberculosis of Knee ...	... 2	Tuberculosis of Mesenteric	
Tuberculosis of Cervical Glands	5	Glands	1

The number of school children admitted to the Borough Sanatorium was 39, and the number discharged was 33, their average stay in the Institution being 202.3 days. No school child died in the Sanatorium during the year.

One hundred and twenty-five school children were excluded from school for varying periods.

Borough Sanatorium.

Number of patients admitted	... 151
„ „ discharged	... 119
„ „ died	... 20

The average stay of the patients discharged was 162.9 days, and for the patients who died 173.5 days.

TUBERCULOSIS.

PUBLIC HEALTH (Tuberculosis) REGULATIONS, 1930.

Tuberculosis Notifications—1st January, 1934, to 31st December, 1934.

Form T. 137

131

FORMAL NOTIFICATIONS.											
Primary Notifications.											
	0	1	5	10	15	20	25	35	45	55	65
to	0	1	5	10	15	20	25	35	45	55	65
1	5	10	15	20	25	35	45	55	65	65	65
Pulmonary,	Males	...	...	9	4	2	9	22	18	10	3
	Females	...	...	3	5	5	6	14	4	4	...
Non.Pulm.	Males	...	2	7	2	...	2	3	...	...	...
"	Females	...	3	3	2	...	2	...	...	...	...

Part II.

Supplemental Return shewing new cases of Tuberculosis discovered otherwise than by formal notification, for above-named period :—

Sources of Information of "Supplemental Return" Cases.											
	0	1	5	10	15	20	25	35	45	55	65
Pulmonary,	Males	...	1	...	...	...	...	...	...	1	...
	Females	...	1	...	...	...	2	...	...	1	...
Non.Pulm.	Males	...	2	...	...	...	...	...	...	...	...
"	Females	...	1	...	1	...	...	...	...	...	...

Number of Cases.											
	Death Returns—	Pulmonary	Non-Pulmonary								
Local	...	...	2						
Reg. Gnl.	...	—	—								
Inward Transfers	...	—	—								
Other Sources (Posthumous)...	1	1	2								

Part III.**NOTIFICATION REGISTER.**

	Pulmonary.			Non-Pulmonary			Total Cases.
	Males	Females	Total	Males	Females	Total	
Number of cases of Tuberculosis remaining at the 31st December, 1934, on the Register of notifications kept by the Medical Officer of Health of the County Borough	251	169	420	38	22	60	480
Number of cases <i>removed</i> from the Register during the year by reason <i>inter alia</i> of:—							
1. Withdrawal of notification	—	—	—	—	—	—	—
2. Recovery from the disease...	9	18	27	1	2	3	30
3. Death (all causes) ...	60	35	95	3	2	5	100

TUBERCULOSIS SCHEME OF THE DERBY COUNTY BOROUGH COUNCIL.
TABLE 1.—Return showing the work of the Dispensary during the year 1934.

DIAGNOSIS.	PULMONARY.				NON-PULMONARY.				TOTAL.				GR'ND TOTAL	
	Adults.		Children		Adults.		Children.		Adults.		Children.			
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.		
-NEW CASES examined during the year (excluding contacts):—														
(a) Definitely tuberculous ...	65	38	8	7	8	5	5	5	73	43	13	12	141	
*(b) Diagnosis not completed	—	—	—	—	—	—	—	—	7	—	7	5	19	
(c) Non-tuberculous ...	—	—	—	—	—	—	—	—	114	85	74	87	360	
-CONTACTS examined during the year :—														
(a) Definitely tuberculous ...	1	3	3	—	—	—	—	—	1	3	3	—	7	
*(b) Diagnosis not completed	—	—	—	—	—	—	—	—	—	—	1	—	1	
(c) Non-tuberculous	—	—	—	—	—	—	—	—	55	85	100	79	319	
-CASES written off the Dispensary Register as														
(a) Recovered	8	17	1	1	—	1	—	—	8	18	1	1	28	
(b) Non-tuberculous (including any such cases previously diagnosed and entered on the Dispensary Register as Tuberculous)	—	—	—	—	—	—	—	—	174	173	180	174	701	
-NUMBER OF PERSONS on Dispensary Register on December 31st :—														
(a) Diagnosis completed ...	189	108	42	36	15	9	21	10	204	117	63	46	430	
(b) Diagnosis not completed	—	—	—	—	—	—	—	—	7	—	8	5	20	
Number of persons on Dispensary Register on January 1st	390													
Number of cases transferred to other areas, cases not desiring further assistance under the scheme, and cases "lost sight of" ...	22													
Number of attendances at the Dispensary (including Contacts) ...	5377													
Number of consultations with medical practitioners :—														
(a) Personal	107													
(b) Otherwise	553													
Number of visits by Nurses or Health Visitors to homes for Dispensary purposes	1796													
Other visits	493													
Number of "Recovered" cases restored to Dispensary Register and included in A (a) and A (b) above	12													
12. Number of "T.B. plus" cases on Dispensary Register on December 31st	245													

* i.e., remaining undiagnosed on 31st December.

Section B.

Number of Dispensaries for the treatment of Tuberculosis (excluding centres used only for special forms of treatment)—

Provided by the Council	...	One
Provided by Voluntary Bodies	...	Nil

Section C.

Number of beds available for the treatment of Tuberculosis on the 31st December in Institutions belonging to the Council :—

Name of Institution	For Pulmonary Cases		For Non-Pulmonary Cases		Total.
	Adults	Children under 15	Adults	Children under 15	
Derby Borough Tuberculosis Sanatorium	54	24	Nil specified. 6 cases can be admitted	Nil specified. 4 cases can be admitted	78
City Hospital, Derby	20 male (no specified accommodation for females or children. Transferred to Sanatorium if possible. Temporary accommodation in side wards here).		Accommodation provided as required, without any difficulty, also extensive balcony accommodation.		—

Section D.

Return showing the Extent of Residential Treatment and observation during the year in Institutions (other than Poor Law Institutions) approved for the Treatment of Tuberculosis :—

	In Instit't'ns on Jan. 1	Admitted during the year.	Discharged during the year.	Died in the Instit't'ns	In Instit't'ns on Dec. 31
Number of doubtfully tuberculous cases admit- ted for ob- servation.	Adult Males ...	1	17	13	—
	Adult Females	4	5	9	—
	Children ...	9	27	25	—
	Total ...	14	49	47	16
Number of patients suffering from Pulmonary Tuberculosis.	Adult Males ...	41	97	70	25
	Adult Females	16	47	33	12
	Children ...	6	19	13	—
	Total ...	63	163	116	37
Number of patients suffering from Non- Pulmonary Tuberculosis.	Adult Males ...	3	5	4	1
	Adult Females	1	5	4	—
	Children ...	6	28	20	1
	Total ...	10	38	28	2
GRAND TOTAL ...		87	250	191	39
					107

Section E.

Return showing the Extent of Residential Treatment provided during the year in Poor Law Institutions for persons chargeable to the Council :—

Nil.

Section F.

Return showing the Results of Observation of Doubtfully Tuberculous cases discharged during the year from Institutions approved for the treatment of Tuberculosis :—

Diagnosis on discharge from observation.	For Pulmonary Tuberculosis						For Non-Pulmonary Tuberculosis						Totals.		
	Stay under 4 weeks			Stay over 4 weeks			Stay under 4 weeks			Stay over 4 weeks					
	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.
Tuberculous ...	—	1	1	2	2	5	—	—	—	—	—	3	2	3	9
Non-Tuberculous	1	2	3	10	4	12	—	—	—	—	—	—	11	6	15
Doubtful ...	—	—	—	—	—	—	—	—	—	—	—	1	—	—	1
Totals ...	1	3	4	12	6	17	—	—	—	—	—	4	13	9	25

Section G.—Return showing the immediate results of treatment of Definitely Tuberculous patients

PULMONARY TUBERCULOSIS.

Supplementary Annual Return showing in summary form (a) the condition at the end of 1934 of all patients remaining on the Dispensary Register; and (b) the reasons for the removal of all cases written off the Register. The Table is arranged according to the years in which the patients were first entered on the Dispensary Register as definite cases of pulmonary tuberculosis, and their classification at that time.

		Previous to 1926.		1926.		1927.		1928.		1929.	
		Class T.B. plus.	Class T.B. +	Class T.B. +	Class T.B. +	Class T.B. +	Class T.B. +	Class T.B. +	Class T.B. +	Class T.B. +	Class T.B. +
Condition at the time of the last record made during the year to which the return relates.											
Disease arrested	Adults M. F.	4	3 -	7	1	1	1	1	1	1	1
	Children	1	-	1	-	-	-	-	-	-	-
Disease not Arrested	Adults M. F.	1	2 -	3	1	1	2	1	1	2	3
	Children	1	1 -	1	1	1	3	1	1	1	1
Condition not ascertained during the year	...	-	-	-	-	-	-	-	-	-	-
Total on Dispensary Register at 31st December	2	6	7 -	13	-	1	-	1	6	2	4
Discharged as	Adults M. F.	258	31 1	188	13 -	-	-	-	5	9	4
Recovered	Children	224	13 -	76	14 2	2	-	4	11	3	1
Lost sight of, or otherwise removed from Dispensary Register	...	458	64 5	69	33 -	-	-	-	21	20	2
Dead	Adults M. F.	228	42 120	203	365	2	3	10	20	33	7
	Children	161	19 41	105	165	3	3	7	6	16	4
Total written off Dispensary Register	...	484	140 54	23	217	17	5	2	-	7	1
(b) Not now on Dispensary Register and reasons for removal therefrom	(a) Remaining on Dispensary Register on 31st Dec.										
Dead	...	40	10 7	9	26	1	1	2	-	2	1
Grand Totals	...	1853	494 271	341	1106	83	14	21	27	62	74
		500	1855 278	341	1119	83	14	22	27	63	74
										15	36
										18	19
										69	76
										20	39
										19	78
										24	33
										19	86

		1930.			1931.			1932.			1933.			1934.				
Disease arrested	Adults M.	15	1	3	-	4	2	3	2	-	5	1	9	2	-	11	-	
	F.	9	1	1	-	2	1	3	-	-	3	1	10	1	-	11	-	
Children		36	-	-	-	2	1	-	-	1	2	11	1	-	12	-		
Disease not Arrested	Adults M.	-	1	4	-	5	-	3	10	-	13	-	5	9	-	14	1	
	F.	-	2	-	-	2	1	3	-	4	-	3	2	-	5	1	6	
Children		-	-	-	-	-	-	-	-	-	-	1	-	-	1	2	10	
Condition not ascertained during the year	...	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	
Total on Dispensary Register at 31st December		60	5	8	-	13	6	11	15	-	26	4	39	15	-	54	3	
Discharged as Recovered	Adults M.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	30	50	
	F.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	41	13	
Children		-	-	-	-	-	-	-	-	-	-	-	-	-	-	43	10	
Lost sight of, or otherwise removed from Dispensary Register	...	19	6	9	1	16	5	3	7	-	10	1	9	9	-	18	1	
Dead	Adults M.	1	7	20	9	36	-	5	21	6	32	1	5	12	2	19	1	
	F.	-	2	8	5	15	-	5	8	2	15	2	2	6	4	12	1	
Children		-	-	-	-	-	-	1	-	1	-	-	1	-	1	11	8	
Total written off Dispensary Register	...	20	15	37	15	67	5	13	37	8	58	4	16	27	7	50	3	
Grand Totals ...		80	20	45	15	80	11	12	4	52	8	84	8	55	42	7	104	6
																22	21	
																94	42	
																52	22	
																87		

(a) Remaining on Dispensary Register on 31st Dec.

(b) Not now on Dispensary Register and therefore removed for removal reasons

NON-PULMONARY TUBERCULOSIS.

Supplementary Annual Return showing in summary form (a) the condition at the end of 1934 of all patients remaining on the Dispensary Register ; and (b) the reasons for the removal of all cases written off the Register :—

		Previous to 1926.	1926.	1927.	1928.	1929.
Condition at the time of the last record made during the year to which the return relates.						
Disease arrested	Adults M. F. Children	1	-	-	-	-
Disease not Arrested	Adults M. F. Children	-	-	-	-	-
Condition not ascertained during the year	...	-	-	-	-	-
Total on Dispensary Register at 31st December	1	-	1	2	-	-
Transferred to Pulmonary ...	9	9	3	35	-	-
Discharged as Recovered	Adults M. F. Children	4	1	2	9	16
Lost sight of, or otherwise removed from Dispensary Register	...	28	15	12	45	100
Dead	Adults M. F. Children	3	2	1	2	8
Total written off Dispensary Register ...	...	67	77	45	200	389
Grand Totals of (a) and (b) (excluding those transferred)		1877	46	200391	6	3
(a) Remaining on Dispensary Register and Discharged from Dispensary Register on 31st Dec.						
(b) Not now on Dispensary Register and Discharged from Dispensary Register and reasons for removal therefrom.						
Peritoneal Glands.		-	-	-	-	-
Other Organs.		-	-	-	-	-
Abdominal.		-	-	-	-	-
Bones and Joints.		-	-	-	-	-
Total.		-	-	-	-	-
Peritoneal Glands.		-	-	-	-	-
Other Organs.		-	-	-	-	-
Abdominal.		-	-	-	-	-
Bones and Joints.		-	-	-	-	-
Total.		-	-	-	-	-
Peritoneal Glands.		-	-	-	-	-
Other Organs.		-	-	-	-	-
Abdominal.		-	-	-	-	-
Bones and Joints.		-	-	-	-	-
Total.		-	-	-	-	-
Peritoneal Glands.		-	-	-	-	-
Other Organs.		-	-	-	-	-
Abdominal.		-	-	-	-	-
Bones and Joints.		-	-	-	-	-
Total.		-	-	-	-	-
Peritoneal Glands.		-	-	-	-	-
Other Organs.		-	-	-	-	-
Abdominal.		-	-	-	-	-
Bones and Joints.		-	-	-	-	-
Total.		-	-	-	-	-
Peritoneal Glands.		-	-	-	-	-
Other Organs.		-	-	-	-	-
Abdominal.		-	-	-	-	-
Bones and Joints.		-	-	-	-	-
Total.		-	-	-	-	-
Peritoneal Glands.		-	-	-	-	-
Other Organs.		-	-	-	-	-
Abdominal.		-	-	-	-	-
Bones and Joints.		-	-	-	-	-
Total.		-	-	-	-	-
Peritoneal Glands.		-	-	-	-	-
Other Organs.		-	-	-	-	-
Abdominal.		-	-	-	-	-
Bones and Joints.		-	-	-	-	-
Total.		-	-	-	-	-
Peritoneal Glands.		-	-	-	-	-
Other Organs.		-	-	-	-	-
Abdominal.		-	-	-	-	-
Bones and Joints.		-	-	-	-	-
Total.		-	-	-	-	-
Peritoneal Glands.		-	-	-	-	-
Other Organs.		-	-	-	-	-
Abdominal.		-	-	-	-	-
Bones and Joints.		-	-	-	-	-
Total.		-	-	-	-	-
Peritoneal Glands.		-	-	-	-	-
Other Organs.		-	-	-	-	-
Abdominal.		-	-	-	-	-
Bones and Joints.		-	-	-	-	-
Total.		-	-	-	-	-
Peritoneal Glands.		-	-	-	-	-
Other Organs.		-	-	-	-	-
Abdominal.		-	-	-	-	-
Bones and Joints.		-	-	-	-	-
Total.		-	-	-	-	-
Peritoneal Glands.		-	-	-	-	-
Other Organs.		-	-	-	-	-
Abdominal.		-	-	-	-	-
Bones and Joints.		-	-	-	-	-
Total.		-	-	-	-	-
Peritoneal Glands.		-	-	-	-	-
Other Organs.		-	-	-	-	-
Abdominal.		-	-	-	-	-
Bones and Joints.		-	-	-	-	-
Total.		-	-	-	-	-
Peritoneal Glands.		-	-	-	-	-
Other Organs.		-	-	-	-	-
Abdominal.		-	-	-	-	-
Bones and Joints.		-	-	-	-	-
Total.		-	-	-	-	-
Peritoneal Glands.		-	-	-	-	-
Other Organs.		-	-	-	-	-
Abdominal.		-	-	-	-	-
Bones and Joints.		-	-	-	-	-
Total.		-	-	-	-	-
Peritoneal Glands.		-	-	-	-	-
Other Organs.		-	-	-	-	-
Abdominal.		-	-	-	-	-
Bones and Joints.		-	-	-	-	-
Total.		-	-	-	-	-
Peritoneal Glands.		-	-	-	-	-
Other Organs.		-	-	-	-	-
Abdominal.		-	-	-	-	-
Bones and Joints.		-	-	-	-	-
Total.		-	-	-	-	-
Peritoneal Glands.		-	-	-	-	-
Other Organs.		-	-	-	-	-
Abdominal.		-	-	-	-	-
Bones and Joints.		-	-	-	-	-
Total.		-	-	-	-	-
Peritoneal Glands.		-	-	-	-	-
Other Organs.		-	-	-	-	-
Abdominal.		-	-	-	-	-
Bones and Joints.		-	-	-	-	-
Total.		-	-	-	-	-
Peritoneal Glands.		-	-	-	-	-
Other Organs.		-	-	-	-	-
Abdominal.		-	-	-	-	-
Bones and Joints.		-	-	-	-	-
Total.		-	-	-	-	-
Peritoneal Glands.		-	-	-	-	-
Other Organs.		-	-	-	-	-
Abdominal.		-	-	-	-	-
Bones and Joints.		-	-	-	-	-
Total.		-	-	-	-	-
Peritoneal Glands.		-	-	-	-	-
Other Organs.		-	-	-	-	-
Abdominal.		-	-	-	-	-
Bones and Joints.		-	-	-	-	-
Total.		-	-	-	-	-
Peritoneal Glands.		-	-	-	-	-
Other Organs.		-	-	-	-	-
Abdominal.		-	-	-	-	-
Bones and Joints.		-	-	-	-	-
Total.		-	-	-	-	-
Peritoneal Glands.		-	-	-	-	-
Other Organs.		-	-	-	-	-
Abdominal.		-	-	-	-	-
Bones and Joints.		-	-	-	-	-
Total.		-	-	-	-	-
Peritoneal Glands.		-	-	-	-	-
Other Organs.		-	-	-	-	-
Abdominal.		-	-	-	-	-
Bones and Joints.		-	-	-	-	-
Total.		-	-	-	-	-
Peritoneal Glands.		-	-	-	-	-
Other Organs.		-	-	-	-	-
Abdominal.		-	-	-	-	-
Bones and Joints.		-	-	-	-	-
Total.		-	-	-	-	-
Peritoneal Glands.		-	-	-	-	-
Other Organs.		-	-	-	-	-
Abdominal.		-	-	-	-	-
Bones and Joints.		-	-	-	-	-
Total.		-	-	-	-	-
Peritoneal Glands.		-	-	-	-	-
Other Organs.		-	-	-	-	-
Abdominal.		-	-	-	-	-
Bones and Joints.		-	-	-	-	-
Total.		-	-	-	-	-
Peritoneal Glands.		-	-	-	-	-
Other Organs.		-	-	-	-	-
Abdominal.		-	-	-	-	-
Bones and Joints.		-	-	-	-	-
Total.		-	-	-	-	-
Peritoneal Glands.		-	-	-	-	-
Other Organs.		-	-	-	-	-
Abdominal.		-	-	-	-	-
Bones and Joints.		-	-	-	-	-
Total.		-	-	-	-	-
Peritoneal Glands.		-	-	-	-	-
Other Organs.		-	-	-	-	-
Abdominal.		-	-	-	-	-
Bones and Joints.		-	-	-	-	-
Total.		-	-	-	-	-
Peritoneal Glands.		-	-	-	-	-
Other Organs.		-	-	-	-	-
Abdominal.		-	-	-	-	-
Bones and Joints.		-	-	-	-	-
Total.		-	-	-	-	-
Peritoneal Glands.		-	-	-	-	-
Other Organs.		-	-	-	-	-
Abdominal.		-	-	-	-	-
Bones and Joints.		-	-	-	-	-
Total.		-	-	-	-	-
Peritoneal Glands.		-	-	-	-	-
Other Organs.		-	-	-	-	-
Abdominal.		-	-	-	-	-
Bones and Joints.		-	-	-	-	-
Total.		-	-	-	-	-
Peritoneal Glands.		-	-	-	-	-
Other Organs.		-	-	-	-	-
Abdominal.		-	-	-	-	-
Bones and Joints.		-	-	-	-	-
Total.		-	-	-	-	-
Peritoneal Glands.		-	-	-	-	-
Other Organs.		-	-	-	-	-
Abdominal.		-	-	-	-	-
Bones and Joints.		-	-	-	-	-
Total.		-	-	-	-	-
Peritoneal Glands.		-	-	-	-	-
Other Organs.		-	-	-	-	-
Abdominal.		-	-	-	-	-
Bones and Joints.		-	-	-	-	-
Total.		-	-	-	-	-
Peritoneal Glands.		-	-	-	-	-
Other Organs.		-	-	-	-	-
Abdominal.		-	-	-	-	-
Bones and Joints.		-	-	-	-	-
Total.		-	-	-	-	-
Peritoneal Glands.		-	-	-	-	-
Other Organs.		-	-	-	-	-
Abdominal.		-	-	-	-	-
Bones and Joints.		-	-	-	-	-
Total.		-	-	-	-	-
Peritoneal Glands.		-	-	-	-	-
Other Organs.		-	-	-	-	-
Abdominal.		-	-	-	-	-
Bones and Joints.		-	-	-	-	-
Total.		-	-	-	-	-
Peritoneal Glands.		-	-	-	-	-
Other Organs.		-	-	-	-	-
Abdominal.		-	-	-	-	-
Bones and Joints.		-	-	-	-	-
Total.		-	-	-	-	-
Peritoneal Glands.		-	-	-	-	-
Other Organs.		-	-	-	-	-
Abdominal.		-	-	-	-	-
Bones and Joints.		-	-	-	-	-
Total.		-	-	-	-	-
Peritoneal Glands.		-	-	-	-	-
Other Organs.		-	-	-	-	-
Abdominal.		-	-	-	-	-
Bones and Joints.		-	-	-	-	-
Total.		-	-	-	-	-
Peritoneal Glands.		-	-	-	-	-
Other Organs.		-	-	-	-	-
Abdominal.		-	-	-	-	-
Bones and Joints.		-	-	-	-	-
Total.		-	-	-	-	-
Peritoneal Glands.		-	-	-	-	-
Other Organs.		-	-	-	-	-
Abdominal.		-	-	-	-	-
Bones and Joints.		-	-	-	-	-
Total.		-	-	-	-	-
Peritoneal Glands.		-	-	-	-	-
Other Organs.		-	-	-	-	-
Abdominal.		-	-	-	-	-
Bones and Joints.		-	-	-	-	-
Total.		-	-	-	-	-
Peritoneal Glands.		-				

		1930.	1931.	1932.	1933.	1934.
Disease arrested	Adults M	1 -	- 1	- 1	- 1	- 1
	F.	- -	- 1	- 1	- 1	- 1
	Children	3 1 -	- 4 5 1 -	- 2 8 -	- 1 1 -	- 1 1 -
Disease not Arrested	Adults M	- -	- -	- -	- -	- -
	F.	- -	- -	- -	- -	- -
	Children	- -	- -	- 1 -	- 1 -	- 1 -
Condition not ascertained during the year	...	- -	- -	- -	- -	- -
Total on Dispensary Register at 31st December	4 1 -	6 6 1 1 2 10 1	- 1 1 2 2 3 2 3 10 12 3 3 5 23			
Transferred to Pulmonary	...	- - -	- 1 -	- 1 -	- -	- -
Discharged as	Adults M.	3 -	- 3 -	- -	- -	- -
Recovered	F.	1 -	- 1 1 3 -	- -	- -	- -
	Children	- 1 -	- 5 6 -	- -	- -	- -
Lost sight of, or otherwise removed from Dispensary Register	...	4 -	- 2 6 1 -	- 2 -	- 1 -	- 1 -
Adults M	...	- -	- 1 -	- 1 -	- -	- -
F.	1 -	- -	- 1 -	- 1 -	- -	- -
Children	- 1 -	- -	- 1 -	- -	- -	- -
Total written off Dispensary Register	...	9 2 1 8 20 1 1 -	3 -	- 1 -	- 1 -	- 1 - 2
Grand Totals of (a) and (b) (excluding those transferred to Pulmonary) ...	...	13 3 1 9 26 7 2 2 213 1 - 2 1 4 2 3 2 3 10 13 3 4 5 25				

(a) Remaining on Dispensary Register on 31st Dec.

(b) Not now on Dispensary Register and reasons for removal therefrom.

**PUBLIC HEALTH (PREVENTION OF TUBERCULOSIS)
REGULATIONS, 1925.**

No action was taken during 1934 under the above Regulations relating to Tuberculous Employees in the Milk Trade.

PUBLIC HEALTH ACT, 1925, SECTION 62.

No action was taken under this Section of the Act during 1934.

SUMMARY.

NOTIFICATIONS.

Pulmonary Tuberculosis—	Non-Pulmonary Tuberculosis—	
Males 90, Females 49,	Males 18, Females 12,	
Total 139.	Total 30.	

DEATHS.

Pulmonary Tuberculosis 91. Non-Pulmonary Tuberculosis 6.

AGE AND SEX INCIDENCE.

Age Periods.	NEW CASES.				DEATHS.			
	Pulmonary.		Non-Pulmonary.		Pulmonary.		Non-Pulmonary.	
	M.	F.	M.	F.	M.	F.	M.	F.
0—1	..	—	—	—	—	—	—	—
1—5	..	1	—	2	—	1	—	—
5—10	..	9	4	9	4	—	1	2
10—15	..	4	5	2	3	1	—	—
15—20	..	2	5	—	3	2	1	—
20—25	..	9	6	2	—	5	4	—
25—35	..	23	16	3	2	13	8	—
35—45	..	18	4	—	—	12	3	—
45—55	..	10	4	—	—	13	8	1
55—65	..	10	5	—	—	8	8	—
65 and upwards	..	4	—	—	—	3	—	1
Totals	..	90	49	18	12	58	33	3

Charity Organisation Society.

For the first time for many years the Society have not been asked for help by any Tuberculous person in Derby.

vi.--HOSPITALS.

INCLUDING REPORTS BY

DR. TAYLOR, Resident Medical Superintendent,
Isolation Hospital and Sanatorium,

AND

DR. COOKE, Resident Medical Superintendent, City Hospital.

BOROUGH ISOLATION HOSPITAL.

GENERAL STATISTICS.

	Scarlet Fever	Diph- theria	Measles.	Others	Total
Remaining in Hospital, Dec. 31st, 1933	... 19	33	—	14	66
Admitted during 1934	... 255	*228	350	160	993
Discharged during 1934	253	*217	320	162	952
Died during 1934	... —	8	9	9	26
Remaining under treat- ment on Dec. 31st, 1934	... ... ... 21	36	21	3	81
Average stay in Hospital days	... 35	49	14	—	—

* Includes 35 cases admitted from Long Eaton.

OTHER CASES.

Disease.	Remaining in Hosp.				In Hosp.	
	31/12/33	Admitted 1934	Discharged 1934	Died 1934	31/12/34	
Erysipelas...	... 2	41	35	7	1	
Whooping Cough	... 5	44	46	2	1	
Chicken Pox	... 6	39	45	—	—	
Observation Chickenpox	—	1	1	—	—	
Cerebro Spinal Meningitis	—	2	2	—	—	
Pneumonia	... —	1	1	—	—	
Mumps	... —	1	1	—	—	
Observation Scarlet Fever	—	7	7	—	—	
Observation Diphtheria...	1	17	17	—	1	
Observation Measles	—	1	1	—	—	
Observation Meningitis	—	1	1	—	—	
Diphtheria Carriers	... —	5	5	—	—	
Totals	... 14	160	162	9	3	

SCARLET FEVER.

Number of cases ... 255
Number of Deaths ... Nil

Two Mastoid operations were performed and 200 cases received serum.

DIPHTHERIA.

Number of Cases	...	228
Number of Deaths	...	8
Case Mortality...	...	3.5%

Six of the fatal cases were in the age group 0-5 years, one in group 5-10 years, and one in group 10-15 years. All were admitted on or after fourth day of illness. Two cases required Tracheotomy.

In last few weeks of 1934 a type of case was noted which did not respond in ordinary way to Antitoxin, and swabs sent to Leeds University for typing confirmed the presence of the Gravis strain.

One of these Gravis cases—a female, 34 years—required 240,000 units of Antitoxin, but recovered after a very long illness.

MEASLES.

Number of Cases	...	350
Number of Deaths	...	9
Case Mortality...	...	2.6%

All the fatal cases were complicated by Broncho-Pneumonia, or Enteritis. Fifty cases out of total admissions were complicated by Broncho-Pneumonia.

Nursing Staff.

One nurse developed Diphtheria. This nurse had been immunised and retested. Further retesting of some others done at same time disclosed Positive reactions instead of Negative, but it is suggested that this particular batch of testing material was not trustworthy.

Two nurses passed their Final Examination and two the Preliminary Examination.

Isolation Hospital Provisioning, 1934.

1934.	Days in Hospital (Patients).	Average Patients per day.	Cost of Provisioning.	Average Cost per Patient per day.*
			£ s. d.	s. d.
1st Quarter	7305	81.2	452 12 9	1 2.87
2nd „	6701	73.6	444 11 7	1 3.92
3rd „	7436	80.8	423 13 9	1 1.67
4th „	8631	93.8	489 19 2	1 1.62
Totals 1934	30073	82.4	1810 17 3	1 2.45
Totals for 1933	20142	55.2	1547 0 9	1 6.43

*This includes cost of provisioning staff.

Tuberculosis Sanatorium Provisioning, 1934.

1934.	Days in Sanatorium (Patients).	Average Patients per day.	Cost of Provisioning.	Average Cost per Patient per day.*
			£ s. d.	s. d.
1st Quarter	4888	54.3	426 11 5	1 8.94
2nd „	3933	43.2	391 3 2	1 11.87
3rd „	4880	53.0	379 18 0	1 6.68
4th „	5699	61.9	456 11 4	1 7.23
Totals 1934	19400	53.1	1654 3 11	1 8.46
Totals for 1933	19686	53.9	1599 10 11	1 7.50

* This includes cost of provisioning staff.

CITY HOSPITAL.

(COPY).

Form Hosp. 6.

INSTITUTIONAL TREATMENT OF THE SICK.

1. County Borough Council of DERBY.
2. Name and situation of Institution : CITY HOSPITAL, UTTOXETER ROAD.
3. Define the area and give the population served by the Institution : COUNTY BOROUGH OF DERBY. 142,000.
4. State whether Institution is—

(a) ~~An Institution*~~ } Maintained under the Poor Law
 (b) ~~A Hospital*~~ } Act;

or (c) A General Hospital Maintained under the Local Government Acts or the Public Health Acts.

5. Staffing.

Medical Superintendent : R. G. COOKE, M.D., C.H.B.,
 M.R.C.S., L.R.C.P. Resident. Whole Time.

No. of other resident medical staff : 2.

No. of visiting staff : 10.

Specialised services supplied—

Consulting Physician, Surgeon, Ear, Nose and Throat Surgeon, Ophthalmic Surgeon, Orthopaedic Specialist, Radiologist, Gynaecologists (2), Anæsthetist, Dental Surgeon.

Number of—

- (a) Trained Nurses : 26 (including Matron and Assistant Matron).
- (b) Probationer Nurses : 51, and 4 Midwifery Pupils.
- (c) Assistant Nurses : 15 Sub-Probationers—Non-resident.
- (d) Male Attendants : No Male Nurses, 5 Porters, 1 Ambulance Attendant and Porter.

6. State total number of beds provided in the Institution for Sick, Maternity and Mental Cases at 31st December, 1934 :—

- (a) for men : 109.
- (b) for women : 118.
- (c) for children (under 16 years of age) : 61.
 (Excluding cots in maternity wards).

Total : 288.

N.B.—These figures should agree with the totals of those in Columns 3, 5, 7 and 9 of Table I. overleaf.

* As defined in the Public Assistance Order, 1930.

Table showing the classification of the accommodation for sick, maternity and mental cases and the number of beds occupied on 31st December, 1934.

Classification of Wards.*	No. of Wards	BEDS.							
		MEN.		WOMEN.		CHILDREN (under 16 years of age)		Total.	
		Pro- vided. (3)	Occu- pied. (4)	Pro- vided. (5)	Occu- pied. (6)	Pro- vided. (7)	Occu- pied. (8)	Pro- vided. (9)	Occu- pied. (10)
1. Medical	2	32	26	33	26	—	—	65	52
2. Surgical	2	32	28	32	25	—	—	64	53
3. Chronic sick†						(3 and 9 grouped together. Wards structurally sub-divided.			
4. Children	2	—	—	—	—	61	55	61	55
5. Venereal						Loch Ward in Boundary House Institution			
6. Tuberculosis	1	20	17	—	—	—	—	20	17
7. Isolation††						(Adequate side ward accommodation)			
8. Maternity¶	2	—	—	30	25	—	—	30	25
9. Mental	2	25	22	23	18	—	—	48	40
(a) Lunacy Act, 1890.									
(i) Short stay §		—	—	—	—	—	—	—	—
(ii) Long stay‡		—	—	—	—	—	—	—	—
(b) Mental Treatment Act, 1930						Not accommodated in this Institution.			
(i) Voluntary									
(ii) Temporary									
10. Mental defectives						Accommodated in Boundary House Institution.			
11. Other.		—	—	—	—	—	—	—	—
TOTAL	11	109	93	118	94	61	55	288	242

* If not classified as in Table, the wards used for more than one class of patient should be grouped. Cots in adult wards should be entered in column 7; children in adult wards (whether in beds or in cots) in column 8. Cots and infants in maternity wards should, however, be excluded.

† Patients needing hospital treatment because they are suffering from some chronic disease; also aged infirm persons whose medical and nursing needs approximate to those of chronic patients.

†† Reserved specifically for the isolation and treatment of infectious diseases, including puerperal sepsis.

¶ Exclusion of isolation and labour beds.

§ See sections 20 and 21 of the Lunacy Act, 1890.

‡ See sections 24 to 26 of the Lunacy Act, 1890.

Statistics relating to the year ended 31st December, 1934.**(A) IN-PATIENTS.**

1. Total number of admissions (including infants born in hospital)	2,859
2. Number of women confined in hospital... ... (Plus 15 confined before arrival).	493
3. Number of live births (Plus 15 born just prior to arrival).	475
4. Number of still births	20
5. Number of deaths among the newly-born (<i>i.e.</i> , under four weeks of age)*...	22
6. Total number of deaths among children under one year (including those given under 5)	28
7. Number of Maternal deaths among women confined in hospital	6
8. Total number of deaths	362
9. Total number of discharges (including infants born in hospital)	2,504
10. Duration of stay of patients included in 8 and 9 above. Give number of cases whose total stay was for the following periods—	
(a) Under four weeks	2,129
(b) Four weeks and under thirteen weeks ...	605
(c) Thirteen weeks or more	132
11. Number of beds occupied—	
(a) Average during the year	244.9
(b) Highest (on 16th February, 1934) ...	280
(c) Lowest (on 15th September, 1934) ...	201
12. Number of surgical operations under general anæsthetic : (Excluding Dental Operations)	622
Local and Spinal Anæsthetic	98
13. Number of abdominal sections	90

* This figure should relate only to children born in hospital.

(B) OUT-PATIENTS.

1. State the nature and scope of the out-patient provision (if any) for continuation of treatment, emergency treatment, consultations or otherwise.

Certain cases attend after discharge for continuation of treatment, such as dressings, massage, re-examination, etc. Emergency treatment is given to accidents occurring in the locality.

Cases from the Tuberculosis Clinic are X-rayed as out-patients. There is an out-patient Orthopædic Massage Clinic.

2. Total number of persons seen in the out-patient department : 1,234 (excluding Ante-Natal Clinic).
3. Number of these persons who were subsequently admitted for in-patient treatment in the Institution : 254.
4. Number of these persons who had received in-patient treatment in the Institution : 293.
5. Total number of attendances in the out-patient department : 5,274 (excluding Ante-Natal Clinic).
6. If there is an Ante-Natal Clinic, give the total number of expectant mothers seen and the total number of attendances : 648 women made 3,390 attendances.
7. If there is a Venereal Disease Clinic, give the number of patients seen and the total number of attendances : None.

(C) Classification of In-patients who were discharged from or who died in the Institution during the year ended 31st December, 1934.

DISEASE GROUPS.	Children under 16 years of age.		Men and Women.	
	Dis- charged	Died.	Dis- charg'd	Died.
A. Acute infectious disease (1) ...	34	2	34	6
B. Influenza (2)	3	—	28	5
C. Tuberculosis—				
Pulmonary	3	—	41	18
Non-Pulmonary	10	1	5	1
D. Malignant disease	—	—	20	63
E. Rheumatism—				
(1) Acute rheumatism (rheumatic fever), together with sub-acute rheumatism and chorea ...	11	1	6	—
(2) Non-articular manifestations of so-called "rheumatism" (muscular rheumatism, fibrositis, lumbago and sciatica) ...	—	—	8	—
(3) Chronic arthritis	1	—	34	2
F. Venereal disease	1	—	6	—
G. Puerperal pyrexia	—	—	6	2
H. Puerperal Fever—				
(a) Women confined in the hospital	—	—	—	—
(b) Other cases	—	—	—	—
I. Other diseases and accidents connected with pregnancy and childbirth	—	5	70	6
J. Mental diseases—				
(a) Senile Dementia	—	—	9	12
(b) Other	5	—	90	10
K. Senile decay (3)	—	—	25	38
L. Accidental Injury & Violence (4)	18	—	82	11
In respect of cases not included above :—				
M. Disease of the Nervous System and Sense Organs	15	—	95	31
N. Disease of the Respiratory System	72	4	101	21
O. Disease of the Circulatory System	10	1	126	48
P. Disease of the Digestive System...	75	2	116	16
Q. „ „ Genito-urinary „	8	—	90	19
R. Disease of the Skin	38	—	32	—
S. Other diseases	100	15	57	22
T. Mothers and infants discharged from Maternity Wards and not included in the above figures—				
Mothers	—	—	548	—
Infants	470	—	—	—
U. Any person not falling under any of the above headings	—	—	1	—
	*TOTALS ...	874	31	1,630
				331

- (1) Including—with the exception of Acute Primary and Influenzal Pneumonia, Tuberculosis, Puerperal Pyrexia and Puerperal Fever—all generally notifiable diseases, together with Measles, German Measles, Chickenpox, Whooping Cough and Mumps. Cases of Influenzal Pneumonia, Tuberculosis, Puerperal Pyrexia, Puerperal Fever and Acute Primary Pneumonia will be recorded respectively under Groups B, C, G, H and N cases of Encephalitis Lethargica should be entered under Group A if acute and under Group M if chronic.
- (2) Including Acute Influenzal Pneumonia.
- (3) To be confined to cases and deaths in which no more specific diagnosis was practicable.
- (4) Including suicides, attempted suicides and poisoning cases.

* These figures should agree with those shown under 8 and 9 of Table II. (A).

(COPY). Form M.C.W. 96a.

County Borough Council of Derby.

MATERNITY AND CHILD WELFARE.

Return relating to Maternity Hospitals and Homes maintained or subsidised by the Council during the year 1934.

1. Name and address of Institution : CITY HOSPITAL, DERBY.
2. Number of maternity beds in the Institution (exclusive of isolation and labour beds) : 30.
3. Number of Maternity Cases admitted during the year : 548.
4. Average duration of stay : 14 days.
5. Number of cases delivered by—
 - (a) Midwives : 465 (plus 15 born before arrival).
 - (b) Doctors : 28.
6. Number of cases in which medical assistance was sought by a midwife in emergency : For Mother 31, for Baby 16.
7. Number of cases notified as—
 - (a) Puerperal Fever : Nil.
 - (b) Puerperal Pyrexia* : 8.
8. Number of cases of Pemphigus Neonatorum : 12 – 5 definite and 7 slight evidence.

9. Number of infants not entirely breast-fed while in Institution : 27.

10. (a) Number of cases notified as Ophthalmia Neonatorum : 7.
(b) Result of treatment in each case :—

Condition of eyes satisfactory in each case on discharge from Hospital.

In one case, mother was advised to attend with child at Ophthalmic O.P. Dept., Derbyshire Royal Infirmary. In another case, where the mother had previous antispecific treatment at V.D. Dept., Derbyshire Royal Infirmary, she was advised to re-attend and take her child with her.

*i.e., rise of temperature to 100.4° F. for 24 hours, or its recurrence within that period.

11. (a) Number of maternal deaths : 6.

(b) Cause of death in each case :

1. Partial Placenta Prævia and P.P.H. Multipara. 12th pregnancy.
2. Central Placenta Prævia. Unbooked—practically moribund.
3. Adherent Placenta and P.P.H. Unbooked—Moribund on admission.
4. Placenta Prævia (ingrowing placenta).
5. Toxæmia—Bilateral Mastitis. Labour 1 month previous. Poor condition—no desire to live.
6. Toxæmia—Parametritis. Labour two months previous. Poor condition.

12. (a) Number of infant deaths :—

- (i) Stillborn : 20.
- (ii.) Within 10 days of birth : 20.

(b) Cause of death in each case and results of post-mortem examination (if obtainable).

Stillbirths. Two Post Maturity ; 5 cause not evident ; 8 Toxæmia of Pregnancy ; 1 Maternal Diabetes ; 3 Obstructed Labour ; 1 Maternal Placenta Prævia.

Deaths within 10 days. 12 Prematurity ; 1 Melæna Neonatorum ; 1 Intercranial Hæmorrhage ; 1 Exomphalos ; 2 Congenital Heart Disease ; 1 Atelectasis ; 1 Odema of Lungs ; 1 Cleft palate and mal-development of lower jaw.

PEMPHIGUS.

Some cases of Pemphigus Neonatorum arose in the Maternity Department during the year. This is an acutely contagious disease affecting babies, varying in severity, and may lead to the death of the infant.

There were 5 definite cases, and 7 other infants in whom the condition was slight and somewhat indefinite.

All the cases recovered, and the babies were kept in Hospital for some additional days till the condition had quite subsided.

The origin of the infection was not definite. No patient or nurse with any septic condition is ever kept on the Maternity Ward, and there was no origin from this source as far as could be ascertained.

Under the regulations, Visitors are admitted daily to Maternity Wards, and this factor cannot be dismissed as an impossible source of sepsis.

Owing to the highly contagious nature of the disease, it is apt to spread rapidly. The cases concerned were isolated, and the remainder of the patients in the Maternity Ward were placed in another Ward, which had been vacated for the purpose. The Maternity Ward itself was thoroughly disinfected, whilst fresh admissions were dealt with in still another Ward with separate staff.

This procedure caused some inconvenience to the normal routine of the Hospital as a whole, but was effective in checking the outbreak at its onset and preventing any fresh cases arising. Normal routine was able to be resumed in some 14 days.

Since the opening of the Nurses' Home, an additional Ward is now available for Maternity cases, and this has relieved a certain measure of temporary overcrowding which was present.

The visiting of patients has also been reduced from one hour to half-hour daily.

vii.--SANITARY
CIRCUMSTANCES OF THE
AREA.

SANITARY CIRCUMSTANCES OF THE AREA.

*TO THE MEDICAL OFFICER OF HEALTH
FOR THE COUNTY BOROUGH OF DERBY.*

I beg to submit to you my Annual Report on the Sanitary Circumstances of the Borough for the past year—1934.

SANITARY INSPECTION OF THE TOWN.

The immensity of the additional work entailed by the application of Sections 1 and 19 of the Housing Act, 1930, in such an intense manner, together with that enjoined by the disinfection of all furniture and clothing of people dispossessed and the removal of the chattels to the new houses, completely upset the ordinary work of the Department. It must be noted, too, that not only are all notices in these connections served, but all surveys and all plans and specifications are made and drawn up in this office by the Inspectors, and I have not had in one single instance to go outside this staff for aid.

There has been no addition to the staff to carry out this excess of work, and so it must be obvious that other work had to be neglected. All routine work was ruthlessly cut down, and the main energies of the departments had practically to be concentrated on the work of Housing, Food, and Nuisances.

INSPECTIONS AND NOTICES.

Informal Action.

During the year, 3,112 Preliminary Notices were served to abate nuisances under the Public Health Acts or Local Acts, and 792 under Section 17 of the Housing Act, 1930.

Legal Action.

During the year, 54 Statutory Notices were served to abate nuisances under the Public Health Acts or Local Acts, and 148 under Section 17 of the Housing Act, 1930.

Visits and Remedies.

During the year, 22,710 visits under the Public Health Acts of Local Acts, and 10,771 under the Housing Acts, were made.

The nuisances abated and the defects remedied will be found on this page and page 158.

DEFECTS REMEDIED.

Accumulations	...	(Offensive) removed	...	...	90
Animals	...	Removed	...	...	11
		Nuisances abated	...	...	6
Ashpits	...	Demolished	...	...	3
		Repaired	...	...	—
		Dustbins provided	...	...	1,662
Drains	...	Cleansed	...	...	1,044
		Repaired	...	...	51
		Reconstructed	...	...	103
		Traps fixed	...	...	96
		Provided	...	...	27
		Disconnected from sewer	...	...	98
		Ventilation shafts fixed	...	...	43
		Manholes provided	...	...	42
		Manholes repaired	...	...	45
W.C.'s	...	Additional provided	...	...	51
		Fittings repaired	...	...	325
		Flushing water laid on	...	...	37
		Repaired	...	...	69
		Rebuilt	...	...	3
		Cleansed	...	...	25
Privies and		Converted to W.C.'s	...	...	3
Tub Closets	...	Demolished	...	...	—
Soilpipes	...	Cleansed	...	...	—
		Repaired	...	...	—
		Provided	...	...	—
Urinals	...	Provided	...	...	—
		Repaired	...	...	—
		Reconstructed	...	...	—
Sinks	...	Provided	...	...	26
		Repaired	...	...	6
		Renewed	...	...	163
Wastepipes	...	Provided	...	...	148
		Repaired	...	...	63
		Cleansed	...	...	2
		Disconnected from drain	...	...	—
		Efficiently trapped	...	...	—
Spouting	...	Cleansed	...	...	140
		Repaired	...	...	198

Spouting	...	Renewed	...	...	...	94
		Provided	...	...	...	3
		Disconnected from drain	...	...	...	106
		Soft water pumps repaired	...	...	...	—
		Soft water pumps removed	...	...	...	38
		Soft water cisterns filled in	...	...	...	69
		Soft water cisterns cleansed	...	...	...	—
Houses	...	Cellars cleansed	...	...	...	61
		Cleansed, limewashed, etc.	...	...	...	38
		Dampcoursed and made dry	...	...	...	41
		Overcrowding prevented	...	...	...	7
		Paving of yards and passages re- paired	...	...	...	259
		Roofs repaired	...	...	...	159
		Floors repaired	...	...	...	124
		Walls repaired	...	...	...	75
		Stairs repaired	...	...	...	13
		Windows repaired	...	...	...	184
		Firegrates repaired	...	...	...	93
		Plaster repaired	...	...	...	110
		Rooms ventilated	...	...	...	59
Manure	...	Accumulations removed	...	...	...	20
		Pits abolished	...	...	...	11
		Pits repaired	...	...	...	6
		Moveable receptacles provided	...	...	...	12
Stables	...	Cleansed	...	...	...	—
		Drained	...	...	...	—
		Re-paved	...	...	...	—
Water	...	Wells closed	...	...	...	—
		Wells filled in	...	...	...	1
		Town water provided	...	...	...	12
		Fittings repaired	...	...	...	33
Other nuisances or defects remedied	...	...	...	...	...	180
Common lodging houses	...	...	...	...	...	4
Houses let in lodgings	...	...	...	...	...	28
Dairies, Cowsheds and Milkshops	...	...	...	...	...	18
Bakehouses	...	...	...	...	...	5
Food-preparing premises	...	...	...	...	...	15
Factories and Workshops	...	...	...	...	...	48
Offensive Trades	...	...	...	...	...	—
Ice Cream Shops	...	...	...	...	...	4
						—
						6,510
Slaughterhouses—Contraventions	...	...	...	...	...	61
Merchandise Marks Act—Contraventions	...	...	...	...	...	33
						—
						6,604

Inspectors' Visits—21,808. Notices served—3,112.

Closet Accommodation.

With the exception of 263 trough closets, three waste water-closets, 111 tub-closets and 17 privies, the whole of the Borough is fitted with water-closets.

Tub Conversion Scheme.

SECTION 163, DERBY CORPORATION ACT, 1901.

Total number of tubs converted since the commencement of the Scheme	...	...	...	...	...	...	1,544
Total number of Certificates issued by Chief Sanitary Inspector	...	...	...	...	...	...	541
Total number of tubs for which a contribution of £8 has been paid	...	...	...	...	...	...	1,524
Total cost to Corporation	...	...	...	...	...	...	£12,192
Total cost of conversion as per builders' accounts (including cost of work outside scope of the Act)	£27,960 18s. 5d.						
Number of tubs, for various reasons, still in existence	...						111

Common Lodging Houses.

Number on Register	...	...	...	...	...	...	11
Number of Rooms registered for Sleeping	...	...					79
Number of Lodgers provided for	...	...	...	...	...	...	444
Notices and Cautions given in respect of Breaches of the Acts and Bye-Laws	...	...	...	...	...	...	5

There is not now in Derby any house which is registered for the accommodation of married couples or children, and it is essential that the wants of such travellers should be catered for; otherwise than that, we have more than sufficient for our needs.

Houses Let in Lodgings.

Number on Register	...	...	...	...	...	...	31
These contain 162 rooms and have accommodation for 335 adults and 51 children.							
Notices and Cautions given to Landlords and Lodgers for various offences under the Bye-Laws	...	...	...	...	...	...	12

Once again I have to bring to your notice that not one of the existing registered Houses comply with the Local Bye-Laws in their essential features, and that, in my opinion, all the houses on

the register should cease to exist as such, so wretched are the conditions pertaining to them. They should be replaced by modern municipally-owned series of flats (furnished) suitable for the poor class needing such apartments, and this opinion I have expressed during the year. Further, it is well known that a number of large houses in the town are being let off in this way, and I patiently await the opportune time to put an end to this procedure.

I have received instructions, however, to accumulate such knowledge and material that a scheme for a Municipal House Let in Lodgings may be projected. There is, however, no data to go on for this class of house, and to experiment loosely on such a large scale as would be required in Derby would be wrong; but in the near future I believe I shall be able to suggest something practical.

Offensive Trades.

On Register at beginning of year	...	...	...	...	21
On Register at end of year	...	...	...	...	22
Workshops	...	...	...	...	14
Factories	...	...	...	...	8
Notices served	...	...	...	...	2
Defects remedied	...	...	...	...	2

LIST OF OFFENSIVE TRADES IN THE BOROUGH.

Bone Calcining	..	..	..	..	1
Bone Boiling	..	..	..	..	2
Gut Scraping	..	..	..	..	2
Hide and Skin Marts.	..	..	..	..	2
Skin Curing	..	..	..	..	1
Blood Drying	..	..	..	..	1
Soap Boiling	..	..	..	..	1
Tripe Boiling	..	..	..	..	4
Dealers in rags, bones, and skins	..	..	..	..	4
Fat melting or extracting				..	2
Tallow Melting	...	...	...	...	1
Tanners and Leather Works	...	...	...	..	1
					—
Total	..	..	22		—

No Bye-Laws exist for the regulation of these trades, and the list is noticeable by the absence of the trade of Fish Frying.

Factories and Workshops.

The following are the Tables of action taken and work done.

INSPECTIONS.

Including Inspections made by Sanitary Inspectors or Inspectors of Nuisances.

PREMISES.	NUMBER OF		
	INSPEC- TIONS.	WRITTEN NOTICES.	PROSE- CUTIONS.
Factories (including Factory Laundries)	10	1	0
Workshops (including Workshop Laundries)	257	9	0
Workplaces (other than Out-Workers' Premises) ...	0	0	0
Totals	267	10	0

DEFECTS.

PARTICULARS.	NUMBER OF DEFECTS.			NUMBER OF PROSE- CUTIONS. INSP.
	FOUND.	REME- DIED.	RE- FERRED TO H.M.	
Nuisances under the P.H. Acts				
Want of Cleanliness ...	17	16	...	...
Want of Ventilation ...	...	...	...	...
Overcrowding ...	...	...	...	...
Want of drainage of floors ...	...	...	...	...
Other Nuisances ...	8	6	...	...
Sanitary Accommodation—				
Insufficient ...	3	2	...	...
Unsuitable or defective ...	5	12	...	...
Not separate for sexes ...	...	...	...	...
Offences under the F. & W. Act				
Illegal occupation of under-ground bakehouse (S.101)	...	...	...	...
Other offences ...	...	...	...	...
Total	33	36	...	...

Inspections, &c., of Workrooms where women and young persons are employed.

Workrooms on Register at beginning of year	...	...	30
Removed during the year	...	...	5
Workrooms on Register at end of 1933	...	...	25

Inspections of Out-Workers or Home-Workers.

Pursuant to Section 107 of the Factory and Workshop Act, 1901, 43 lists of out-workers have been received from various firms in Derby. Of the out-workers, 38 were engaged in net-mending, 27 in altering, making or finishing wearing apparel, and 6 making surgical bandages. One list has been received from another Council giving one name of an out-worker employed by a firm in their district, who resides in Derby, and 22 lists with 98 names have been forwarded to Councils in whose areas out-workers employed by Derby firms reside.

During 1934, visits were made to the homes of these out-workers by the Female Sanitary Inspector. As a result of these visits, no verbal notices nor written notices were given or served.

The principal industries are net-mending and making or finishing wearing apparel, and the general character of the work repairing. The numbers are on the decrease.

Registered Workshops.

Workshops	...	...	...	...	...	...	179
Bakehouses—Workshops	...	...	...	...	...	...	30
Do. —Factories	...	...	...	...	...	...	32
Workshops where females and young persons are employed							25
							266

Other Matters (Factory and Workshops Act).

Notified to H.M. Inspector of Factories :—

Failure to affix Abstract (S. 133)	...	...	3
Action taken in matters referred to H.M. Inspector as remediable under the Public Health Acts but not under the Factory & Workshops Act (S. 5)	Notified by H.M. Inspector	...	2
	Reports sent to H.M. Inspector	...	—

Other	...	...	...	...	...	...	...	...	...	0
Underground Bakehouses (S. 101) :										
Certificates granted during the year	...	...	...	...	...	...	...	...	...	0
In use at the end of the year	...	...	...	...	...	...	...	...	...	0

Public Conveniences.

All the conveniences used by the Public throughout the town, whether situated in the Market Place or Parks, were inspected regularly by members of the staff, male and female, and were found invariably without complaint.

CANAL BOATS ACT, 1884.

Annual Report for 1934, in accordance with Section 3 of the Canal Boats Act, 1884.

COUNTY BOROUGH OF DERBY.

1. Inspector and Salary	Chief Inspector and Assistant.
	No salary allocated.
Address	1, Derwent Street, Derby.
2. Boats inspected ... 28	Visits to Canal 84
3. Infringements of Acts and Regulations :—	
(a) Registration ... 0	(j) Provision of water
(b) Change of Master 0	vessel 0
(c) No Certificate on Board ... 0	(k) Removal of bilge water 0
(d) Absence of Marking 0	(l) Notification of
(e) Overcrowding ... 1	infectious disease ... 0
(f) Separation of Sex 0	(m) Admittance of Inspector 0
(g) Cleanliness ... 0	(n) Boats found in bad repair 1
(h) Ventilation ... 0	
(i) Painting ... 2	
4. Legal Proceedings	None.
5. Other steps taken	None.

6.	Cases of Infectious Disease dealt with	...	...	None.
7.	Detention of boats for cleansing and disinfection	...	...	None.
8.	Number of boats on Derby Register at end of year			
	1934	...	...	...
(a)	Number of boats believed to be in use or available	...	...	5
	Number of boats propelled by motor	...	...	0
(b)	Number of boats that cannot be traced	...	...	8
	Removed from Register	...	...	0
9.	Number of boats registered during 1934 :—			
(a)	Motor propelled	...	...	...
(b)	Horse drawn	...	...	0

One certificate certifying cause of complaint remedied received during the year.

Two certificates outstanding at end of the year.

SCHOOLS.

There has been no material change in the sanitary condition of the Schools during the year.

Full reports have been filed of the sanitary conditions, after careful inspection, of all the Schools in the Borough.

SMOKE ABATEMENT.

Number of chimneys of which observations have been taken	16
Number of observations	36
Notices sent	—
Caution Letters sent	1
Visits to Works	17

As a result of a series of interviews with Works Managers and Firemen in various factories where excessive smoke was being sent out, there has been a great improvement, thus avoiding the necessity of any legal action.

MILK.

Strenuous efforts have been maintained during the year for the service in Derby of a good milk supply.

Desirable as it is that cowsheds should be well constructed, with satisfactory drainage, lighting and airspace, it cannot be too strongly emphasised that it is mainly on the personal care and cleanliness of the milker, the sterilization of the milk vessels, the cleansing of udders of the cattle, and general attention to details in the storing and transport of the milk, that the standard of milk will depend.

Dairies, Cowsheds and Milkshops.**PURVEYORS INSIDE THE BOROUGH—**

Number of dairymen and purveyors by round	...	44
Number of retail roundsmen working from other dairies		23
Number selling loose milk from shops	...	62
Number of bottled milk sellers	...	289
Number of factory dairies	...	10
		428

PURVEYORS OUTSIDE THE BOROUGH—

Registered Retail Purveyors residing outside the Borough	71
Number of Farmers sending Milk into Derby	284

COWKEEPERS WITHIN THE BOROUGH—

Number on Register	12
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Examination of Milk for Tubercle Bacilli.

Every effort has been made to free the milk from tubercle bacilli and to maintain and improve the standard of milk supplied in this Borough. There is reason to believe that, as a result of the farmers' response to our request for greater care of the cattle and in the handling and transport of milk, we shall find a still greater improvement in the future.

The numbers of samples examined was 280. The milk from 17 farms was found to contain tubercle bacilli, and in 15 cases the

infected animals were found and slaughtered. In two cases no infected animal could be found, and the milk was subjected to further examination until found free from tubercle bacilli.

The action of the County Authorities in appointing further Veterinary Assistance for this work is having a satisfactory result.

Clean Milk and Bacterial Count.

310 samples of milk have been examined during the year, and of these 58 exceeded the bacterial count allowed for "Grade A" milk, whilst 105 contained B.Coli. The attention of the farmers concerned has in all cases been drawn to the unsatisfactory milks, and further samples have been taken until they showed improvement.

Even where cowsheds are unsatisfactory, it has been found possible, with care as to cleanliness in person and with regard to milking arrangements, to produce milk of high quality as to bacterial count and cleanliness.

Milk and Dairies Order, 1926.

For the purpose of this Order, examination of all cattle within the Borough was carried out during the months of April, May, June, July, November, and December by Mr. J. McClemont, M.R.C.V.S.

Examinations of cattle to the number of 323 were made; 13 specimens of milk were examined for tubercle bacilli, and all gave negative results.

County Laboratory Examinations.

Milk for Tuberculosis (Microscopically)	7
Milk for Tuberculosis (Inoculation Test)	283
Milk for Bacterial Count & B. Coli Communis ...	310
Milk for B. Coli Communis	—
Ice Cream for Bacterial Count & B. Coli Communis	—
 Total	600
	—

Bacillus Coli	Number of Organisms per 1 c.c.													Total
	Under 30,000	30,001 to 40,000	40,001 to 50,000	50,001 to 100,000	100,001 to 150,000	150,001 to 200,000	200,001 to 300,000	300,001 to 400,000	400,001 to 500,000	500,001 to 750,000	750,001 to 1,000,000	Over 1,000,000		
Negative ...	63	12	10	31	15	9	9	2	10	3	1	7	172	
Positive ...	15	5	5	22	8	6	10	5	—	8	2	19	105	
Total ...	78	17	15	53	23	15	19	7	10	11	3	26	277	

Not included in above table :—

Sterilized 3
Pasteurised 23
Certified 5
Grade A 2

Total number of above samples within "Grade A" standard = 140 or 50.54%
201 samples had a count less than 200,000, but 61 of these contained B. Coli.

$$33 + 277 = 310.$$

Public Health (Condensed Milk and Dried Milk) Regulations, 1923 and 1927.

Ten samples were taken, all of which were correctly labelled, and, upon analysis, proved to be in accordance with the requirements of the Condensed Milk and Dried Milk Regulations, 1923 and 1927.

ARTIFICIAL CREAM ACT, 1929.

So far as can be ascertained, no artificial cream is on sale in Derby.

FERTILIZERS AND FEEDING STUFFS ACT, 1926.

During the year, 26 samples were submitted for analysis under this Act, consisting of the following substances :—

Bone Meal	...	...	...	...	3
Basic Slag	...	...	...	...	3
Compound Fertilizers	...	...	...	...	5
Compound Meal	...	...	...	...	1
Cotton Cake	...	...	...	...	2
Compound Cake	...	...	...	...	7
Ground Oats	...	...	...	...	2
Linseed Cake	...	...	...	...	1
Maize Meal	...	...	...	...	2
					—
					26
					—

The certificates of Analyses showed all the above samples to be in accordance with the requirements of the Act.

FOOD-PREPARING PREMISES.

Food-Preparing Places on Register at end of year	...	191
Defects found and remedied	...	13

The supervision of premises where the cooking and manufacture of food-stuffs is carried on has systematically taken place by the staff during the year.

These inspections included restaurants, food stores, pork butchers, shops where food is cooked, and beef butchers' shops where the

preparation and filling of sausage takes place. Fried Fish shops have again been under close inspection, and the standard of cleanliness has been well maintained.

A considerable number of modern hygienic stoves have replaced unsatisfactory stoves, from which, owing to the construction, the nuisance from fumes was a constant source of annoyance.

During the year very few complaints have been received with regard to fried fish shops.

ICE CREAM MANUFACTURERS AND DEALERS.

On Register at end of year...	...	...	...	...	231
Notices complied with	...	...	...	...	7

BAKEHOUSES.

Bakehouses in occupation at beginning of year	...	...	...	30
Empty bakehouses re-occupied	...	...	...	0
New Bakehouses added during the year	...	...	...	0
Bakehouses vacated during the year	...	...	...	0
Bakehouses converted to Factory Bakehouses	...	...	...	0
Factory Bakehouses in occupation at beginning of year	...	...	32	
No. on register at end of year	...	...	...	32
Factory Bakehouses added during the year	...	...	...	0
Factory Bakehouses vacated during the year	...	...	...	0
Factory Bakehouses on register at end of year	...	...	32	

DISUSED BAKEHOUSES :—

Unoccupied at beginning of year	...	...	...	55
Vacated during the year	...	...	...	0
Re-occupied during the year	...	...	...	0
Demolished during the year	...	...	...	0
Number unoccupied at end of year	...	...	...	55

	Workshops.	Factories.	Total.
Defects found during the year	1	3	4
Defects remedied during the year	1	3	4
Written notices served	—	—	—
Verbal notices given	1	3	4

MEAT INSPECTIONS.

During the year, 165 carcases of beef were condemned for the following reasons :—124 tuberculosis, 13 Johnne's disease, 10 nephritis and dropsical, 10 injury, 6 septic conditions, 2 fevered condition. Included in the above were 63 cows slaughtered under the Tuberculosis Order, 1925, as suffering from tuberculosis, and found, on post mortem examination, to be in advanced state of that disease. The carcases were totally condemned.

There have also been condemned 12 carcases of veal and 18 bodies of mutton.

The number of tuberculous cattle was 299. In addition, 379 pigs were found to be tuberculous and 39 whole carcases condemned ; in the remainder the lesions were confined to the head and organs, which were condemned.

Disposal of Condemned Meat.

During the year the whole of the meat and offals was disposed of for treatment for the recovery of fats, bones and meat, and their preparation for commercial purposes. The remainder of the unsound food was destroyed at the Destructor.

Unsound Food Condemned.

50 tons, 17 cwts. Meat, including offal.

418 Rabbits.

1 ton, 15 cwts. of Fish.

257 Tins of Food.

3 tons, 9 cwts. Fruit and Vegetables.

570 Eggs.

Slaughter-Houses.

At the end of year 1933 :—

In hands of private holders	...	...	...	...	23
Corporation houses let to private tenants	...	...	...	...	16
Corporation houses used as public	...	...	...	...	1
Visits of inspection : 7,440.					

Public Abattoir.

Slaughtering at the Corporation Houses is under the direct control of the Health Department.

FOOD AND DRUGS (ADULTERATION) ACT, 1928.

During the year, 308 samples were submitted to the Borough Analyst for examination. 194 were "Official" samples, including 151 samples of milk. The remainder (114) were informal samples, including two of milk. Nine formal samples of milk were found to be adulterated, but in no case was the adulteration more than 3%. Cautions were issued in each case. One sample was deficient in fat solids, and in this case a caution was also given.

The following is the summary by the Borough Analyst (Mr. R. W. Sutton, B.Sc., F.I.C.) for the year 1934 :—

<i>Official Samples.</i>			<i>Informal Samples.</i>		
<i>Articles.</i>	<i>Total.</i>	<i>Not up to standard or adulterated.</i>	<i>Articles.</i>	<i>Total.</i>	<i>Not up to standard or adulterated.</i>
Beer ...	6	—	Almonds ...	2	—
Boracic Acid ...	4	—	Beef Suet ...	3	—
Butter ...	9	—	Beer ...	11	4
Lard ...	9	—	Boracic Acid ...	3	2
Margarine ...	9	—	Burnt Malt ...	1	—
Milk ...	151	10	Cocoa ...	6	—
Skimmed Milk ...	1	—	Cod Liver Oil	3	—
Potted Meat ...	2	2	Coffee and		
Vinegar ...	3	—	Chicory Ext.	6	—
			Corn Flour ...	2	—
			Cream ...	3	—
			Custard Powd.	3	—
			Tinned and		
			Dried Fruit	14	—
			Flour ...	6	—
			Ginger Wine ...	1	—
			Hops ...	2	—
			Jelly ...	2	—
			Malt ...	1	—
			Milk ...	2	—
			Milk, Cond'sed	9	—
			Mineral Water	6	—
			Mint, Dried ...	2	—
			Oatmeal ...	3	—
			Plums ...	1	—
			Potted Meat ...	3	2
			Raspberry Wine	1	—
			Salmon Paste	3	—
			Sausage ...	9	—
			Sugar & Sweets	7	—
	194	12		114	8

The average composition of the 153 samples of milk was as follows :—Non-fatty solids, 8.67 ; Fat, 3.76. Total Solids, 12.43.

Public Health (Preservatives in Food) Regulations, 1925 and 1927.

During the year, 153 samples of milk, 9 samples of sausage, and 61 samples of various other articles of food were examined and found to comply with the regulations.

Rag Flock Act, 1911.

No samples of Rag Flock were submitted for Analysis during the year.

FOOD POISONING.

During the hot summer of 1934, two outbreaks of epidemic gastro-enteritis, attributed to Food Poisoning, came to the notice of the Health Department, and a full report of the investigations which followed was sent to the Ministry of Health.

The FIRST occurred amongst the inmates of a Public Institution on June 16th, affecting approximately 120 residents, of whom three died—males, aged 78, 78 and 69 years—all in failing health, and in each case the gastro-enteritis was considered merely as a contributory cause of death. The matter was reported to the Borough Coroner.

The SECOND, which occurred on the night of July 21st, affected 40 or more adults and children who had partaken of tea in the canteen at the annual sports of a local works. There were no deaths.

1. The onset of abdominal pain, followed by offensive diarrhoea, amongst inmates in all the Infirmary Wards of a Public Institution, which occurred during the night of June 15-16th, was brought to the notice of the Medical Officer next day, who ordered treatment, removed certain cases to Hospital, and sent specimens of faecal discharge to the Laboratory, which reported the presence of B. Ent. Gærtner and Streptococci.

All the sufferers, approximately 120 out of 491 inmates, had partaken of full diet on the previous day ; no member of the staff, and

none who had other diets, were affected. The onset of symptoms occurred approximately 12 to 30 hours after the mid-day dinner of Friday. The weather was hot, but no complaint had been made about the food.

Full diet for the day in question included Cottage Pie and Gravy. None of this was available for examination.

After the matter had been reported to the Medical Officer of Health, a full investigation of the circumstances of food and preparation followed.

It was found that the meat purveyed was killed outside the Borough, delivered next morning to the food store of the Institution, where it was cut up by the butcher, with the aid of an inmate, and left uncovered until taken to the kitchen. The presence of flies was noticed in the Food Store, of which the door was frequently left open. No rats had been reported. The meat intended for the next day's Cottage Pie was boiled in a steamer during the afternoon, then returned to store until next morning, when required for mincing. The concentrated gravy was drawn off, allowed to cool over-night in the store, the separated fat removed, and the gravy warmed up and thickened. The meat was brought from an outside area, from a registered slaughterhouse ; the conditions under which it was killed and hung could not be investigated, but the weather was hot. The handling of the meat on arrival appeared to be rather primitive, and the cooking took place slowly. If there had been any contamination by organisms of the *Salmonella* group before or after arrival, gravy so prepared would form a strong concentrate of their toxins, and would be very unsafe.

Confirmation of the presence of *B. Ent. Gærtner* was obtained from the faecal discharges of one case.

Certain suggestions for improving the purveyance of fresh meat and the method of food handling in the Institution in question have been made to the responsible Committee, and the practice of making gravy in this way has been discarded.

2. An outbreak of Food Poisoning of the toxin type, involving at least 40 persons, occurred during the night of Saturday, July 21st, 1934, and the following day.

The patients—both adults and children—were part of a company of about 600 who had attended the sports and partaken of tea provided for employees and friends in the Canteen of one of the big manufacturing works in Derby.

On Monday morning, July 23rd, 15 persons or more reported to the Works Nurse that they had been seriously ill with severe abdominal pain, vomiting and profuse diarrhoea, which had commenced late on Saturday night and continued throughout the Sunday; several of these were sent or taken to their homes. It was soon discovered that others—their children and friends—had been ill in a similar way.

The Works Medical Officer was informed, and proceeded to remove certain remains of food to the Derbyshire County Council Laboratory in Derby for Bacteriological examination.

The outbreak came to the notice of the Health Department on Wednesday, July 25th; the works were visited and arrangements made for the provision of a full list of those who had been reported as sick. A full enquiry was made by Dr. Haigh, of the Health Department. The following is a summary of events.

Onset.

The onset was sudden, with violent abdominal pain, generally vomiting, and in all cases with profuse and offensive diarrhoea and prostration. One case began at 7.0 p.m., the majority between 9.0 and 10.0 p.m., and a few about midnight. Muscular cramps have been reported, and in one case dysenteric stools with blood. Four families at least consulted their doctors, and one child was admitted to the Children's Hospital.

Investigation.

The tea provided comprised sandwiches, slab-cake, cream sandwich, bread and butter, etc., with ice cream. The general opinion was that sandwiches of some paste had caused the trouble.

Personal enquiry implicated sandwiches of salmon-paste in every case but one.

It appears that about 600 partook of tea, sitting at long tables in the Canteen, on which plates of food were distributed; potted

meat and salmon paste sandwiches were placed alternately, so that many never knew there had been potted meat, or *vice versa*. No person admitted having eaten of both. There may have been about 60 plates of each kind. In seven families, individuals who ate salmon sandwiches were ill, whereas others who refrained or ate meat sandwiches remained well.

Not all who partook of salmon were affected. Some who only ate half a sandwich were ill; in general, one or two sandwiches were eaten. No complaint was made at the time—the sandwiches were particularly nice, and there was a call for more. Several members of the canteen staff and helpers, who had tea later and ate salmon sandwiches, were ill.

The food was provided by Messrs. X. and Co., Caterers, who delivered the pastes for sandwich making to the canteen about 6.0 p.m. on Friday. These were placed on a side shelf at the cooler end of the kitchen—covered—and were used for the manufacture of sandwiches on Saturday afternoon.

The Canteen kitchen is well ventilated and clean. No rats or mice have been seen.

On visiting the bakehouse of Messrs. X. and Co., on July 26th, the place was found to be clean, moderately large, and well ventilated. Numerous female workers in overalls and a foreman were busily engaged in the food preparation room.

The salmon paste, which is not a stock item, was made on Friday afternoon by the foreman, assisted by one girl. He described the procedure as follows:—

“Three tins of salmon were taken from stock in their neighbouring retail shop, were opened and inspected by himself, the liquid poured off, and the contents boned and cleaned by a girl. It was next passed through a mincer into an earthenware bowl, then mixed in a cake-mixer, with the addition of ground rice taken from the bakehouse stock (kept covered) and half the contents of a fresh bottle of Anchovy Sauce, also taken from stock. After mixing, it was returned to two earthenware bowls and packed and covered with melted butter. The whole produced five pounds weight.”

(Potted meat for retail trade is produced three times a week, and the meat supplied was a part of Friday's batch. This is made from equal parts of fresh meat cooked in the bakehouse, and tinned Boiled Beef (no brand) obtained in 6 lb. tins from a Liverpool Importer. The cases of tinned Beef are stored in Messrs. X.'s cellars. The two varieties are minced, seasoned and incorporated in a manner similar to that described above).

Laboratory Investigation of articles of food obtained by the Works Doctor, undertaken at the Derbyshire County Council Laboratory, gave the following results :—

(NO salmon sandwiches were available for examination).

Salmon Paste. The specimen showed NO B. Coli, and there were no organisms of the Typhoid-Para-Typhoid group. It was heavily contaminated with Gram-positive cocci—staphylococci type.

A further plate seemed to be staphs in pure culture.

Meat Paste. The specimen showed NO B. Coli, and there were no organisms of the Typhoid-Para-typhoid group. Large numbers of gram-positive cocci, chiefly staphylococci, were present.

Fæces of one case sent for report by the Works Doctor showed some colonies of a bacillus similar in type to Gærtner, but non-motile.

In considering the above results, it is interesting to record that Mrs. K, who admits that she is easily upset and has a long-standing aphonia, partook of potted meat sandwiches and ice cream ; she had some diarrhoea and pain at 5.0 a.m. on Sunday morning, but was not seriously ill, whereas Mr. K, who ate salmon, began to be ill at 9.30 p.m., with marked pain, vomiting and diarrhoea.

Conclusions.

This outbreak of food poisoning was of the toxin type, involving 40 persons, amongst those who had partaken of sandwiches made from salmon paste.

The paste was prepared from tinned salmon, using ordinary precautions, was delivered the same day and stored at a moderate temperature until made up into sandwiches, which were partaken about 24 hours after preparation of the paste.

The weather at the time was hot.

The paste was contaminated with staphylococci only, and it is a matter of surmise whether the outbreak was due to the presence of *staphylococci*.

MERCHANDISE MARKS ACT, 1926.

During the year, traders have kept well up to the requirements of the Act with regard to the marking of Imported Foodstuffs.

In cases where contraventions have occurred, the attention of the trader has been drawn to the matter, and the goods have been marked forthwith.

No prosecutions have been instituted during the year.

MICE AND RATS (DESTRUCTION) ACT, 1919.

MR. H. A. Wallace, Officer under the Destructive Insects and Pests Acts, reports that :—

“ The year has passed without any special or outstanding invasion of rats. Special attention was paid to the main sewers in the town in November, so as to deal with any influx of rats from the districts round, and a large amount of poison was laid down, I think I may say with satisfactory results.

The centre of the town is extraordinarily free of complaints respecting rat infestation, and this is all the more remarkable because of the number of old brick drains that are no longer in use and in view of the fact that we have underground watercourses right through the centre of the town underneath the roadways.

Reports come in from private residents that rats have either invaded their house or gardens, or very often it just happens to be one rat that has been seen, perhaps a week or two before. The

Corporation do not make any charge for the first visit of the rat-catcher, when advice is given, and, if necessary, poison laid down, or, in the case of rats in the gardens and hedgerows, cyanide gas is used.

234 visits have been paid to Corporation premises, and the rats and mice accounted for during the year amount to 655. The Alvaston controlled tip is regularly visited, and during the year 85 rats have been caught.

The Destructor on Stores Road is remarkably free from the pests, a few rats having been killed during the year.

112 visits have been paid to private premises and 171 rats accounted for.

23 visits have been paid to the London Road Recreation Ground and Lake, and 119 rats were destroyed. As this Recreation is adjacent to the Controlled Tip, possibly this will account for the number of rats on both premises, which would no doubt go backwards and forwards.

When the new buildings were completed at the Isolation Hospital, it was found that a number of rats had got into the passageways in the basement. These were cleared out, and very little trouble has been experienced since.

The hedgerows round the Isolation Hospital are gassed from time to time and a number of rats destroyed. In one or two cases, where broken drains have been responsible for the presence of rats in the buildings, the drains have been re-laid and the nuisance abated."

TUBERCULOSIS ORDER.

MR. H. A. WALLACE, the Markets Superintendent, reports that :—

" The Local Authority Veterinary Inspector is informed and deals with all reports respecting Tuberculosis suspected in cattle within the Borough, and, in addition, is present at and examines the animals exposed for sale in the Tuesday Fat Stock Markets.

Two beasts have been reported as suspected of suffering from Tuberculosis at one farm, one of which was taken and slaughtered, and compensation paid, the beast being certified as advanced Tuberculosis. The second was a case of suspected infected milk, and samples were taken, examined, and the animal found to be free.

A third case was an animal found in the lairs at the Cattle Market Hotel and suspected of Tuberculosis. This animal was slaughtered under the Order and compensation paid, as an advanced case of Tuberculosis.

During the year there have been three beasts dealt with under the Order in the Fat Stock Markets, and these three animals were sent to a slaughterhouse, or knacker's yard, at the option of the owner.

The Friday Store stock is examined by a Veterinary Inspector, the expense being borne jointly by the Derbyshire County Council and the Derby County Borough.

Twenty-seven animals have been reported as suspected to be suffering from Tuberculosis, seven having been sent back to the place from which they came, and 20, at the option of the owner, having been taken to a slaughterhouse or a knacker's yard.

I think it should be noted that a large number of animals have been sent out of the Market suspected of suffering from Johnne's Disease. This procedure has been adopted under a Local Byelaw which prohibits the exposure for sale of animals that are diseased or unhealthy.

WATER SUPPLY.

MR. T. B. Farrington, Water Engineer, reports as follows:—

“ Various extensions in connection with building operations have been made to existing water mains.

The supply of water has been satisfactory, both in quality and quantity.

I also append copy of the last analysis of water made by the Borough Analyst :—

The following are the results of analysis of the four samples of water received from you on the 25th July, 1934, labelled :—

No. 1. Derwent Valley Water. Taken at High Storage Reservoir.

No. 2. Water from Filter Tunnels. Taken at Pumping Station.

No. 3. Mixed Water. Taken at High Service Reservoir.

No. 4. Supply in Town.

PARTS PER 100,000.

	No. 1	No. 2	No. 3	No. 4
Total solid matter ...	9.6	37.2	20.4	19.0
Organic matter, etc. ...	2.6	5.0	3.2	3.8
Mineral Residue ...	7.0	32.2	17.2	15.2
Free and Saline Ammonia ...	0.0	0.0002	0.0	0.0
Albuminoid Ammonia ...	0.0008	0.0006	0.0005	0.0006
Nitrogen as Nitrates ...	Trace	0.07	Trace	Trace
Chlorine ...	1.2	2.9	1.9	1.8
Oxygen absorbed in 4 hours at				
80 F. ...	0.036	0.011	0.018	0.058
Temporary ...	1.0	18.2	8.0	6.6
Hardness Permanent	2.7	6.3	4.0	4.0
Total ...	3.7	24.5	12.0	10.6
Metals ...	None	None	None	None
Appearance in 2ft. tube	Clear, greenish- yellow shade.	Clear, greenish- yellow shade.	Clear	Turbid.
pH Value ...	7.0	7.3	7.3	7.3

MINERAL ANALYSIS.

Silica ...	0.53	1.17	0.65	0.59
Oxides of Iron and Alumina	0.41	0.60	0.27	0.31
Lime (CaO) ...	1.11	10.9	5.15	4.27
Magnesia (MgO) ...	0.59	1.94	1.13	1.20
Sulphuric Anhydride (SO ₃) ...	1.96	5.26	3.19	3.20

CALCULATED ANALYSIS. The acids and bases may be combined as follows :—

Calcium Carbonate	...	...	1·0	18·2	8·0	6·6
Calcium Sulphate	...	...	1·3	1·7	1·6	1·4
Magnesium Sulphate	...	...	1·8	5·8	3·4	3·6
Sodium Chloride	...	...	2·0	4·8	3·1	3·0
Sodium Sulphate	...	...		0·7		

Samples Nos. 1, 2 and 3 were clear and of a greenish-yellow colour. Sample No. 4 was turbid and of a brownish shade of colour.

On standing, a deposit formed in this sample consisting largely of oxide of iron.

The analytical results show the waters to contain only small proportions of unoxidised organic matter, and there is no indication of the occurrence of pollution.

As a result of chemical analysis, I am of the opinion that the waters are of satisfactory quality for use for drinking purposes.

The decreased proportion of Derwent Valley Water results in rather higher figures for the hardness of the mixed water.

Plumbo Solvency. The samples have been tested separately in order to ascertain the extent of their action upon lead. For this purpose I have used Houston's method, which consists of the upward filtration of the water through lead shot under standard conditions. None of the waters possessed the power of attacking lead under the above conditions.

Action on Copper. Pieces of copper foil were completely immersed in each of the waters at room temperature for a period of 48 hours. Samples of water tested after 24 and 48 hours were found to contain traces of copper, but the proportions were insignificant. The waters may be classed as being, in the cold, without appreciable solvent action on copper.

Yours faithfully,

(Signed) R. W. SUTTON."

Supply.

Number of gallons of water supplied to Derby from Public Supply (Derby Water Area, which includes Borough and various Parishes outside) ...	2,036,312,000
Gallons per day per head of population	27.43
Percentage of total quantity from the Derwent Valley Supply	61%

Used during the year.

	<i>Gallons.</i>
Sewer Flushing	4,010,000
Street Watering	379,000
Street Watering—Water used from Markeaton Brook ...	500,000
Steam Rolling	260,000
Street Swilling (Footways)	200,000

QUEEN STREET BATHS.

(Report submitted to Health Committee, 9th July, 1934).

In view of the fact that we either receive complaints or inquiries about the cleanliness of the Corporation Baths, I think it is my duty to ascertain to what extent such complaints are justified.

With the *debris* floating on the surface one is not particularly concerned, as this is well known to be composed of hair, fibre from costumes, with a certain amount of oil and grease from hair lotions and mucous from the nose or mouth.

No matter how much the water is chemically treated and filtered, there is always bound to be a certain amount of the above *debris*.

The real danger from bath water depends on the amount of bacteria contained therein.

It was to obtain some evidence on this point, therefore, that I caused the water in the Queen Street Baths to be examined. The time selected was towards the end of a busy morning, when there had been a number of classes of school children in, as well as individual bathers. Six samples of water were taken—four from

the baths and two from the pipes. Of the samples taken from the bath—

No. 1 was at the shallow end, near the inflow.

No. 2 was near the centre of the bath and at a depth of one foot.

No. 3 was from the surface of the deep end, near the outflow.

No. 4 was from the bottom of the deep end.

Of the samples taken from the pipes, one was from a tap before the water entered the filters, and the other from a tap after leaving the filters.

Bacterial counts were asked for regarding the presence of *B. Coli* and *B. Welchii*—both intestinal organisms and streptococci, which are mouth or nose organisms, and which are indicative of general septic conditions.

I am glad to report that not a single one of these organisms was found in any of the six samples. There were a very few other organisms found, but these were of no pathogenic significance and can be disregarded.

The samples from the pipes proved to be superfluous, but had there been any count in the bath samples these would have been of value, and should not be left out in future sampling.

The chlorine content at the time was .3 parts per million, and at that time was serving its purpose efficiently.

In very hot weather, and when the baths are more congested, it may be necessary to raise the content to a higher figure, but not above .5 parts per million.

To anyone not accustomed to bathing, pure water in the eyes will cause slight temporary smarting. The addition of chlorine will accentuate this, but no ill-effect should be likely, except in certain susceptible persons, while the chlorination remains between .3 and .5 parts per million.

Two points of advice I would like to offer :—

- (1) That people subject to ear complaints should not bathe, and
- (2) When jumping in from the side, the nostrils should always be closed by means of the finger and thumb.

Subject to the approval of the Committee, I propose to have similar tests taken at the other baths owned by the Corporation.

I have to acknowledge my thanks to the Baths Superintendent for the assistance given to me in connection with this enquiry.

GORDON LILICO,
Medical Officer of Health.

REPORT ON SAMPLES TAKEN FROM REGINALD STREET BATHS, submitted to Health Committee, 10th Sept., 1934.

The results of samples given to you from the Queen Street Baths were from water which was undergoing continuous chlorination, and they were very satisfactory. At Reginald Street this condition does not prevail, and, therefore, one cannot be surprised at the results. In this case the water, after leaving the baths, is poured through a sand filter, and at a later stage is aerated by passing over a cascade which is open to the air. By the latter process a certain amount of soot and dust will be collected, and the temperature of the water will be lowered. That wastage in heat does not concern me, but attention should be drawn to the results of the analysis, which point to inefficiency of the existing methods of water purification.

Altogether, four samples were taken :—

1. WATER ENTERING THE BATH.

This water should be the best sample, but we find that it contains B.Coli in 35 c.c. There was an absence of suspended matter, which shows that the cleansing process is removing solids, but is doing little towards the removal of bacteria.

2. NEAR CENTRE OF BATH AND 12" BELOW THE SURFACE.

Here B.Coli are present in 4 c.c. of water, and there is a fair amount of suspended matter. This sample shows the heaviest degree of impurity.

3. TAKEN FROM THE BOTTOM OF THE BATH AT THE DEEP END.

This is the best sample bacteriologically, as B.Coli were only present in 200 c.c. ; suspended matter was about the same as the previous sample.

4. FROM TAP IN PIPE BETWEEN OUTLET OF BATH AND FILTER.

Again, the B.Coli content (10 c.c.) was heavy.

The B.Coli content indicates intestinal contamination, which is bound to take place in any baths. The absence of any reagent to destroy its presence overworks the filter and the cascade, with the result that polluted water is being supplied to the baths again.

I would suggest that the Baths Committee be asked to consider the possibility of introducing chlorination as the present condition is unsatisfactory, and should not be allowed to continue.

GORDON LILICO,

Medical Officer of Health.

HOUSING.

In the year 1930 the Ministry of Health required a General Statement of the measures proposed to be taken during the following five years for dealing with the Housing Conditions in the Borough. The answer was made that it was estimated that 1,199 houses should be demolished, that 250 houses per annum should be provided for the purpose of re-housing, and that the repairing or re-conditioning of 4,000 houses could be done in five years.

I am pleased to say that the rate of progress in respect to the repairing or re-conditioning of such houses that could be made fit has more than kept pace with the estimate. It will be noticed that the rate of repairing and re-conditioning houses under Section 17 of the Housing Act, 1930, is well beyond our estimated figure, and the work pertaining to the condemnation has gone along at a pace that is exhilarating.

The staff was kept working at high pressure on this real and necessary duty, and again I wish to emphasise the fact that, however great the work, the number of notices, the vast numbers of inspections and checks and re-checks, and the surveys and production of plans, it was loyally done for me, and I trust that it will be fully realised that all the work was carried out by this staff, and no aid was sought from outside, and with pride I say this is a self-contained office.

A summary of the representations by the Medical Officer of Health and the results are appended to the usual Ministry of Health form on pages 187 and 188 in a paragraph "G. Extra."

Housing Statistics.

1. INSPECTION OF DWELLING-HOUSES DURING THE YEAR.

(1) (a) Total number of dwelling-houses inspected for housing defects (under Public Health or Housing Acts)	2,769
(b) Number of inspections made for the purpose... ...	13,240
(2) (a) Number of dwelling-houses (included under sub-head (1) above) which are inspected and recorded under the Housing Consolidated Regulations, 1925	1,687
(b) Number of inspections made for the purpose... ...	10,781
(3) Number of dwelling-houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation	198
(4) Number of dwelling-houses (exclusive of those referred to under the preceding sub-head) found not to be in all respects reasonably fit for human habitation	2,304

2. REMEDY OF DEFECTS DURING THE YEAR WITHOUT SERVICE OF FORMAL NOTICES :—

Number of defective dwelling-houses rendered fit in consequence of informal action by the Local Authority or their officers	1,488
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3. ACTION UNDER STATUTORY POWERS DURING THE YEAR :—

A.—Proceedings under Sections 17, 18 and 23 of the Housing Act, 1930 :—

(1) Number of dwelling-houses in respect of which notices were served requiring repairs ...	148
(2) Number of dwelling-houses which were rendered fit after service of formal notices :—	
(a) By owners	67
(b) By local authority in default of owners	—

B.—Proceedings under Public Health Acts :—

(1) Number of dwelling-houses in respect of which notices were served requiring defects to be remedied	...	...	...	...	...	80
(2) Number of dwelling-houses in which defects were remedied after service of formal notices :—						
(a) By owners	...	...	...	...	...	93
(b) By local authority in default of owners						—

C.—Proceedings under Sections 19 and 21 of the Housing Act, 1930 :—

(1) Number of dwelling-houses in respect of which Demolition Orders were made	...	...	325
(2) Number of dwelling-houses demolished in pursuance of Demolition Orders	...	...	63
(3) Undertaking fulfilled	...	...	—

D.—Proceedings under Section 20 of the Housing Act, 1930 :—

(1) Number of separate tenements or underground rooms in respect of which Closing Orders were made	...	...	...	...	...	2
(2) Number of separate tenements or underground rooms in respect of which Closing Orders were determined the tenement or room having been rendered fit	...	...	...	...	...	—

Proceedings under Section 3 of the Housing Act, 1925 :

(1) Number of dwelling-houses in respect of which notices were served requiring repairs	...	—
(2) Number of dwelling-houses which were rendered fit after service of formal notices :—		
(a) By owners	...	—
(b) By local authority in default of owners	...	—
(3) Number of dwelling-houses in respect of which Closing Orders became operative in pursuance of declarations by owners of intention to close		—

**F.—Proceedings under Sections 11, 14 and 15 of the
Housing Act, 1925 :—**

(1) Number of dwelling-houses in respect of which Closing Orders became operative :—	—
(2) Number of dwelling-houses in respect of which Closing Orders were determined, the dwelling houses having been rendered fit	—
(3) Number of dwelling-houses in respect of which Demolition Orders became operative ...	—
(4) Number of dwelling-houses in pursuance of Demo- lition Orders	—

G (Extra).

Representations to Committee by Medical Officer of Health (Ses. 1 and 19)	1,214
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Made up as :—

Areas	489
Individual Unfit Houses	725

(a) No. of areas submitted to Ministry	19
No. of houses affected	489
(b) No. of areas approved by Ministry	19
No. of houses affected	489
(c) No. of areas submitted to Ministry, the results of which were not known at end of year ...	—
No. of houses affected	—
(d) No. of areas passed by Council, but not yet submitted to the Ministry	—
No. of houses affected	—
(e) No. of areas submitted to Committee and still under consideration	—
No. of houses affected	—

Individual Unfit Houses :—

Demolition Orders made and served	...	526
Awaiting Service of Notice	...	34
Undertakings accepted but not fulfilled	...	165
		—
		725

Houses demolished	...	...	...	215
Undertakings fulfilled	...	...	...	—
Houses emptied and tenants re-housed	...	...	...	401
Houses otherwise vacated	...	...	...	115
Houses of Furniture, etc., disinfested	...	...	...	401
Houses Disinfested	...	...	...	1

Fitness of Houses and Re-Conditioning.

The 1930 Act, in defining a house fit for human habitation, says that regard shall be had, amongst other things, "to the general standard of housing accommodation in the district." For all future purposes, and to emphasise the "standard" that exists in this district, figures are appended. They are a summary of the main items reported year by year since 1920, when operations first began under repair sections of the Housing Acts, and are culled from Annual Reports since that date. They are as follows :—

Houses made fit in all respects (including all amenities)—

coppers, sinks, water on sinks, larders, and all repairs)	8,124
Entirely new sinks provided where none existed before	1,551
Old sinks replaced by new	2,477
Houses dampcoursed	2,300
Roofs, floors, firegrates, stairs, walls, etc., repaired	33,156
Wash coppers provided where none existed before	970
Wash coppers repaired	1,228
Larders provided where none existed before	2,324
Water laid on inside houses	1,733

In addition to vast numbers of other repairs, and not including the enormous figures detailed as done under the Public Health Acts.

A very small percentage of houses now exist without the usual amenities, and these mostly are in that class of house which are scheduled to be made the subject of representations at some future date.

The work of this department ever since 1919 has been concentrated on the strong use of the repair sections of the 1919, 1925 and 1930 Acts, and the whole basis of the operations were the splendid suggestions contained in the Ministry of Health's Manual of Unfit Houses and Unhealthy Areas, 1919.

All the works done under Section 17 and tabulated above went to make such houses dealt with fit in all respects, and is my practical answer to those who speak somewhat loosely of "houses that can be re-conditioned." They have been so done, and it is only in the case such as the 1,200 scheduled houses where no attempt can be made, so unfit are they, that condemnation orders are asked for.

The subjoined Report and figures were contributed by Estates Manager :—

So far as the sufficiency of houses is concerned, there is, at the present moment, a shortage of the smaller type of house to let at a rent not exceeding 10/- per week, but at the moment no definite decision has yet been reached in regard to the action to be taken to meet such a shortage.

There are no difficulties in the way of providing suitable sites for new houses.

Houses erected during the year 1934, January-December :—

(a) By Local Authority	...	...	...	...	...	304
By other bodies and persons	...	...	...	...	...	394
By other Local Authorities	...	...	...	...	...	Nil
						698

(b) With State assistance under the Housing Acts :—

By the Local Authority	...	...	...	...	304
For purposes of Part 2 of 1925 Act	...	...	...	...	304
For purposes of Part 3 of 1925 Act	...	...	...	...	Nil
For other purposes	...	...	...	...	Nil
By other bodies and persons...	...	...	...	...	Nil
Number of houses owned by the Local Authority on weekly rental	...	...	...	...	5,897
Being purchased on instalment system	...	...	...	...	190
Held under Part 3 of Housing Act, 1925	...	...	...	...	4,545
Held under Part 2 of Housing Act, 1925	...	...	...	...	420
Held under Housing Act, 1919	...	...	...	...	729
Held under Housing Act, 1923	...	...	...	...	189
Non-Assisted Scheme	...	...	...	...	14

Houses built in last two years :—

Held under Part 3 of Housing Act, 1925.						
Built during 1933	...	...	...	...	...	311
Built during 1934	...	...	...	...	...	—
Held under Part 2 of the Housing Act, 1925, and under Housing Act, 1930 :—						
Built during 1933	...	...	...	...	...	116
Built during 1934	...	...	...	...	...	304
Held under other Powers	...	...	...	...	...	—

Re-Housing and Dis-infestation.

Instructions were given by the Council that no furniture infested with insect pests should be taken into new Corporation houses, and, further, that the responsibility lay with me.

The old offices in Ford Street were roughly fitted up for the use of HCN, and all furniture of the disposed tenant is treated by a Sanitary Inspector.

The organisation of the removal of tenants to new houses was at first troublesome, but the whole of the work now goes on very smoothly. Sometimes tenants wish to go there and not here, or want to go at their times and not ours. All such things, of course, must happen, but taken in our stride, with the experience we have of these people, everything smooths out in time.

All the belongings of every person removed goes through the dis-infestation process, and, far from any objection being raised, all tenants are now happy at the thoughts of getting rid of these pests, and the tales they pass on to others have actually produced everyday complaints from other inhabitants in the town of the bug-infested condition of their houses, in the hope that our methods can be adopted for their needs.

Verminous Houses.

Gradually the knowledge has filtered out that perfect disinfection of furniture for tenants removing to Corporation Houses has been done by this Department, and now we are being inundated with requests both by the occupiers and owners to rid the existing houses of "Cimex Lectularius." Experiments have from time to time been carried out, and I am prepared, if given the proper equipment and labour and with the free or forced assistance of the occupier, to undertake this work and give satisfaction. The cost would be slight, but the benefit would be incalculable.

Section 17, Housing Act, 1930.

Number of houses inspected	...	...	...	...	2,769
Number of houses dealt with	...	...	...	...	737
Number of preliminary notices served	...	...	...	...	792
Number of re-inspections	...	...	...	...	10,771
Number of houses made "fit in all respects" or "Re-conditioned"	...	...	...	...	1,636

DEFECTS REMEDIED.

Dustbins	... Provided	...	...	...	...	74
Drains ...	... Cleansed	...	...	...	...	6
	... Repaired	...	...	...	...	7
	... Renewed	...	...	...	...	12
	... Trapped	...	...	...	...	18
	... Removed from inside houses	...	...	...	...	1
Soilpipes & Vents	Repaired or renewed	...	...	...	...	10
Spouting	... Cleansed	...	...	...	...	35
	... Repaired	...	...	...	...	189
	... Renewed	...	...	...	...	9
	... Disconnected from drain	...	...	...	...	7

Spouting	... Rainwater pumps repaired	...	...	1
	Rainwater pumps removed	...	...	44
	Rainwater cisterns filled in or demolished			40
	Rainwater pipes disconnected	...	...	114
Houses ...	... Dampcoursed and made dry	...	...	184
	Overcrowding prevented	...	...	6
	Paving of yards, etc., repaired			323
	Roofs repaired	...	...	179
	Floors repaired	...	...	718
	Walls—brickwork and pointing made good			1,131
	Doors repaired	...	...	118
	Windows repaired	...	...	677
	Stairs repaired	...	...	56
	Firegrates repaired	...	...	294
	Plaster repaired	...	...	439
	Rooms ventilated	...	...	47
	Washing accommodation provided			44
	Wash-houses repaired	...	...	10
	Washcoppers repaired	...	...	95
	Sinks New, provided	...	...	22
	Repaired	...	...	—
	Renewed	...	...	204
	Wastepipes Cleansed	...	...	—
	Repaired or renewed			223
	Provided	...	...	22
	Provided with food stores	...	...	149
	Efficient lighting provided	...	...	1
	Chimneys rebuilt or repaired	...	...	338
Water ...	... Wells closed	...	...	—
	Disused wells filled in	...	...	—
	Town water provided	...	...	29
	Service pipes or taps repaired	...	...	6
W.C.'s ...	... Additional provided	...	...	—
	Fittings repaired or cleansed	...	...	130
	Flushing water laid on	...	...	—
	Repaired, re-built or cleansed	...	...	177
Outbuildings—Complaints removed...	...	...	...	48
Other nuisances or defects abated or remedied	...	...	...	36
	Total	...	...	6,273

Rivers Pollution.

It was found that serious pollution of the Bramble Brook was taking place both from the connections of the drains of houses and from discharges from manufactories. The problem was definitely tackled, and action to cease pollution may be taken in the near future, if necessary.

POLICE COURT PROCEEDINGS.

<i>Charge.</i>	<i>Result.</i>
Carrying on the trade of a Dealer in Rags without a Licence.	Dismissed on payment of costs, the nuisance having discontinued. Undertaking given not to carry on the trade again.
Breach of undertaking given under Section 19 Housing Act, 1930—re-letting vacated house.	Fined £5 and 10s. special costs.
Bottling Milk otherwise than on Registered premises.	Fined £1.
Selling Potted Meat not being of the nature substance, and quality of the article demanded.	Dismissed.
Selling Potted Meat not being of the nature, substance and quality of the article demanded.	Fined 10s. and 10s. 6d. Analyst's Fee.
Exposing Meat to contamination.	Fined £1.

With the best thanks to the Staff for their loyal support in a very trying year, and also to you Sir.

I am,

Yours faithfully,

HARRY J. MORGAN,

Chief Sanitary Inspector.